

**Osceola County  
Democratic Party  
Donation Form**



Date \_\_\_\_\_

Name \_\_\_\_\_

Check      Check # \_\_\_\_\_      Amount \_\_\_\_\_

Cash (\$20 Maximum per Campaign Finance Rules)      Amount \_\_\_\_\_

In-Kind Donation  
Description \_\_\_\_\_  
\_\_\_\_\_

Value \_\_\_\_\_

Complete Below for First to OCDP Donation Only

Address \_\_\_\_\_

Post Office \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_