

Reclaim Illinois Donation Form

A contribution of any amount will greatly impact our ability restore honor, integrity and Respect.

SUPPORT INFORMATION

Donation Amount: \$ _____ Core Supporter (Monthly) or One Time

PAYMENT INFORMATION

Name _____ Date _____

Address _____

Business Name (optional) _____

County _____

City _____ State _____ ZIP Code _____

Email Address _____ @ _____

(Please make checks payable to Reclaim Illinois)

Mail Donations to: Reclaim Illinois, P.O. Box 9203, Springfield, IL, 62791

Reclaim Illinois is a 527 Qualified State or Local Political Organization (QSLPO) and as such contributions are not tax deductible. For more information visit http://www.reclaimillinois.com/core_support.html

Thanks for your investment in a better future!!

www.reclaimillinois.com