In-Kind Contribution Form

In-kind contributions count toward your contribution limits. An individual may contribute a maximum of \$2,300 per election. Joint contributions may be a total of \$4,600 per election. In-kind contributions do not qualify for Federal Matching Funds. Please take the time to complete this form precisely. Your willingness to provide the requested information will help keep the committee in compliance with federal law. Thanks for your contribution!

Contributor Information:

Name and address are required for contributions of more than \$50. Federal law requires that we use our best efforts to collect and report the name, address, occupation, and employer for each individual whose contributions exceed \$200 in a calendar year.

| Name: | | |
|-----------------------|--|---|
| Address: | City/State/Zip: | |
| Work phone: | bhone:Home phone: Email address: | |
| Fax: | | |
| Employer*: | utions of \$200 or more. Also indicate if retired, h | Occupation*: nomemaker, self employed or unemployed. |
| | Please add me to your email list | Please contact me about volunteering |
| Goods or Sei | rvices being contributed: | |
| (describe in detail): | · | |
| | | |
| Cost of goods to co | ontributor: \$ | Fair market value of goods or services: \$ |
| I certify that the al | | I am hereby contributing them to Nader for President 2008. I understand |
| Signature: | | Date: |
| Please attach all r | receipts related to this contribution. | |
| Joint Contribu | tions | |
| This is a joint contr | ibution. Please allocate equally between u | s (requires spouse/partner's signature) |
| Spouse/Partner's N | lame: | |
| Spouse/Partner's S | Signature: | Date: |
| Employer*: | utions of \$200 or more. Also indicate if retired, h | Occupation*: nomemaker, self employed or unemployed. |
| | | |

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