

**THURSTON COUNTY DEMOCRAT CENTRAL COMMITTEE  
DIRECT GIVING**

**Automatic Bank Transfer Authorization Form**

**Yes,** I will help the TCD with a monthly donation to help elect strong Democrat Candidates in Thurston County and Washington State

I want to make a monthly contribution of  \$50  \$25  \$12  Other \$ \_\_\_\_\_  
(minimum gift amount \$5)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

I authorize my bank to transfer \$ \_\_\_\_\_ each month to the Thurston County Democrat Central Committee. I understand that I may cancel or adjust my monthly donation at any time by contacting the Thurston County Democrat Central Committee in writing. A record of each payment will appear on my monthly bank statement and serve as my receipt. Please include your first month's contribution along with a voided check when you return the form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*By signing I acknowledge these are monthly deductions  
from my bank account.\*\*

**MAIL YOUR SIGNED AND COMPLETED FORM TO:**

Thurston County Democrat Central Committee

PO Box 164

Olympia, WA 98507-0164

(360) 956-0235

The Public Disclosure Commission requires us to make our best efforts to collect and report the occupation and name of employer of individuals whose contributions exceed \$100 in a calendar year.

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**OFFICE USE ONLY**

TCD Account Number # \_\_\_\_\_ Monthly Contribution Amt \$ \_\_\_\_\_