The Shortsleeve Committee

Contribution Form

Enclosed is my/	our contribution of:_		(maximum dona	tion: \$1,000 per person/\$2,000 per couple)	
Name:					
City, State, Zip:					
Employer:	Occupation:				
Phone:					
Email:					
	jer for each individual	whose contrib		oort the name, mailing address, occupation and in excess of \$200 per calendar year. If you are N/A or retired.	
For a contr			tor (Spouse) l ttributed equally to	I nformation two individuals, both must sign this form.	
Name:					
Signature:					
City, State, Zip:					
Employer:	oloyer:Occupation:				
Phone:					
Email:					
		(Credit Card		
Please charge m	y/our contribution o	f \$		to my credit card.	
□ Visa	☐ MasterCard	□ AMEX	☐ Discover		
Name on Card:					
Card Number:					
Exp. Date:	/		CVV:		
Billing Address	(if different than abo	ve):			
		e; a U.S. citi		any account maintained by an incorporated t resident and this contribution will not be rson.	
Signature:					
	Please sign	scan and	email this forn	n to Pamela Saad at	

Please sign, scan, and email this form to Pamela Saad at finance@brianshortsleeve.com or call (774) 281-0051

Checks

Please make checks payable to 'The Shortsleeve Committee' and mail with this form to:

The Shortsleeve Committee P.O. Box 59 Danvers, MA 01923

Contributions to The Shortsleeve Committee are not deductible as charitable contributions for federal income tax purposes. An individual may contribute up to \$1,000 per calendar year to The Shortsleeve Committee. Contributions from corporations, labor organizations, other business entities (LLCs and partnerships), out-of-state PACs, and foreign nationals are prohibited. Contributions must be made from personal funds and may not be reimbursed by any other person or entity.

PAID FOR BY THE SHORTSLEEVE COMMITTEE
WWW.BRIANSHORTSLEEVE.COM