



Lynn Mariano
FOR GOVERNOR

Donation Information Form

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Cell Number: _____

Email: _____

Occupation: _____ Retired: _____

Employer: _____

Donation Amount (Maximum \$6,000): _____ Date: _____

DO NOT MAIL CASH

Mahalo for returning this form with your donation.
Please make checks out to Friends of Lynn Mariano
and mail along with this form to:
c/o P.O. Box 235059
Attention: Jade Mariano, Treasurer
Honolulu, Hawaii 96823

1. I am a U.S. citizen or lawfully admitted permanent resident (i.e. green cardholder)
2. I am at least eighteen years old.
3. This contribution is made from my own funds and funds are not being provided to me by another person or entity for the purpose of making this contribution.
4. If using credit card, I am making this contribution with my own personal credit card and not with a corporate or business credit card or a card issued to another person.
5. I am not currently entered into any contract with the State of Hawaii, any of its counties, or any of their departments or agencies.

X _____
Signature