

Todd Dobrin

www.Dobrin2009.com

FOR NEW YORK CITY COUNCILMAN 47TH DISTRICT

YES, I WANT TO BE PART OF TODD'S CAMPAIGN!

PERSONAL INFORMATION:

FIRST NAME

LAST NAME

DOB

HOME ADDRESS

CITY, STATE & ZIP

EMAIL ADDRESS

HOME / CELL PHONE

PROFESSIONAL INFORMATION:

EMPLOYER

OCCUPATION

BUSINESS ADDRESS

CITY, STATE & ZIP

BUSINESS EMAIL ADDRESS

WORK PHONE

I CAN HELP TODD BY:

- | | | |
|---|---|---|
| <input type="checkbox"/> Carry Petitions | <input type="checkbox"/> Donate Money | <input type="checkbox"/> Write a "Dear Neighbor" letter |
| <input type="checkbox"/> Put up a lawn sign | <input type="checkbox"/> Provide Transportation | <input type="checkbox"/> Pass Out Literature |
| <input type="checkbox"/> Make Phone Calls | <input type="checkbox"/> Prepare Writings | <input type="checkbox"/> Other: _____ |

THE BEST DAY(S) AND TIMES(S) FOR ME TO VOLUNTEER ARE:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Mornings Afternoons Evenings Weekends Only Other: _____

I WANT TO CONTRIBUTE MONEY TO TODD:

I would like to contribute to **TODD DOBRIN**:

- CASH in the amount of \$ _____ MONEY ORDER in the amount of \$ _____
 CHECK in the amount of \$ _____

I understand that state law requires that a contribution be in my name and be from my own funds. I hereby affirm that this contribution is being Made from personal funds, is not being reimbursed in any manner, and is not being made as a loan.

Contributor's Signature

Date

Checks can be made payable to: **The Friends Of Todd Dobrin**

And mailed to: **199 27th Avenue 1st Floor Brooklyn, NY 11214**