

# VOTE YES CAMPAIGN TO PRESERVE LOCAL RETAIL



## DONATION FORM

Corporate Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

**Yes, we would like to donate to the Alcohol Retail Reform Ballot Initiative at the following level:**

<u>Amount per store</u>	<u>Number of Stores</u>	<u>Total PLEDGE</u>
\$1500      X	_____	\$ _____
\$1000      X	_____	\$ _____
Other      X	_____	\$ _____
AMT ENCLOSED		\$ _____

**Please make checks payable to: [21<sup>st</sup> Century Alcohol Retail Reform](#).** You can mail your donation checks and this form to: [21<sup>st</sup> Century Alcohol Reform, 30 Lyman St., Suite 2 | Westborough, MA 01581](#)

Charge Card (check one): \_\_\_ MasterCard/Visa \_\_\_ Discover / \_\_\_ American Express for \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Corporate partners donating \$5,000 or more will be listed on our website as a "Friend of the Retailer"**



Please return this form with your donation check to: **21<sup>st</sup> Century Retail Alcohol Reform Committee, 30 Lyman St., Ste. 2, Westborough, MA 01581.**

*Thank you for your support!*