



## CONTRIBUTION FORM

You may mail a contribution by check to:

**Fight Like a Flynn**

P.O. Box 3495,  
Palm Beach, FL 33480.

Please print, complete, and include this CONTRIBUTION FORM with your check.

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

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

Address 2: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer or Retired: \_\_\_\_\_

Check Number: \_\_\_\_\_

**Detail:**

Contributions from federal government contractors, national banks, and foreign nationals or entities are prohibited.

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and employer's name of individuals whose contributions exceed \$ 200 in a calendar year. By submitting this form, you certify the following statements are true and accurate:

1. I am a U.S. citizen or lawfully admitted permanent resident (i.e., green card holder), and I am not a foreign national or entity, federal government contractor, or national bank;
2. I am at least eighteen years old;
3. This contribution is made from my personal funds and will not be reimbursed by another person or entity; and
4. This contribution is made from my personal credit card (or check) which I have the legal obligation to pay.

By entering your contact information, you confirm you are over 13 years old and that you are subscribing to receive email and SMS messages from Fight Like a Flynn. Message and data rates may apply. Subject to terms and conditions. You may unsubscribe from texts at any time by responding STOP.