



Name _____

Address _____

Telephone _____ Email _____

*Employer _____

*Occupation _____

*required for donations over \$100.00

___ \$250

___ \$500

___ \$1,000

___ Other \$ ___

Checks payable to: Committee to Elect David Watters

Mailing Address: 19 Maple St., Dover, NH 03820