

*The Citizens Team For Mukilteo Schools is a volunteer-run political organization dedicated to supporting all students in the Mukilteo School District, now and in the future, by working to pass all Mukilteo School District Bonds and Levies. All contributions to the Citizens Team go directly to campaign-related expenses, which may include polling, communication, promotion, community engagement and volunteer recruitment.*

**Step 1** Your Information

Please list personal contact information. Washington State campaign law prohibits public employees from using their work email address, mailing address or phone number for campaign-related activity.

Last Name		First Name	
Street Address		City, State, Zip	
Email		Last four digits of social security #	
Phone			
Recognition?	<input type="checkbox"/> Yes	Please list me as a supporter	
	<input type="checkbox"/> No	I prefer to remain anonymous*	

\* The Citizens Team is designated a 527 group by the IRS. Campaign contributions of \$50.00 or more are reported to the Washington State Public Disclosure Commission and available as public record at [www.pdc.wa.gov](http://www.pdc.wa.gov).

**Step 2** Your Contribution

<b>Ongoing</b>	<b>Monthly Contribution:</b>						
<i>I elect to contribute</i>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$20	<input type="checkbox"/> \$15	<input type="checkbox"/> \$10	<input type="checkbox"/> \$5	<input type="checkbox"/> \$1	<input type="checkbox"/> ____

<b>One Time</b>	<p><i>Online: Visit <a href="http://www.yes4mukilteokids.org">www.yes4mukilteokids.org</a> and select "Donate" button.</i></p> <p><i>Check: mail check payable to "Citizens Team" to PO Box 1182, Mukilteo, WA 98275.</i></p>
-----------------	---

**Step 3** Your Signature

I understand that ongoing contributions to the Citizens Team will begin in the current month if the Mukilteo School District Payroll Department receives this form by the 15<sup>th</sup> of the month. I understand that ongoing contributions to the Citizens Team will continue until I notify the Mukilteo School District Payroll Department that I wish to amend or stop contributions, or when my employment ends.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

