

I Want to Help Elect Diane Dramko

(Please Print) Name _____ Occupation _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Office) _____

E-mail _____ Fax _____

I hereby authorize the use of my name in support of Diane Dramko for County Judge, Group 8

Signature _____ Date _____

Enclosed is my contribution of:

\$25 \$50 \$100 \$250

\$500 Other \$ _____

Please make all checks payable to:
The Diane Dramko Campaign

[\$500 per person or corporation is the maximum donation
allowed by Florida Law]

I can volunteer for:

- Host a social function
- Office help / telephoning
- Fund-raising
- Place yard signs & posters
- Send out support letters
- Hand out literature
- Other _____

Please return completed form with your check or money order to

**The Diane Dramko Campaign
1423 SE. 16th Place Suite 102
Cape Coral, FL 33990**