

Robert
Martwick

www.robertmartwick.com

I endorse your candidacy and authorize the use of my name and/or image in any and all advertising in support of your campaign.

I would like to volunteer.

I would like a yard sign.

I have enclosed a donation in the amount of:

\$2500 \$1000 \$500 \$250

\$100 \$50 \$25 Other: \$_____

Please make checks payable to: Friends of Robert Martwick

I would like to use my credit card

Name on card _____

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Visa MasterCard American Express

Expiration _____

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-mail address _____

Employer _____ Occupation _____

State regulations require that all contributors provide employer and occupation information. If you are not employed, enter 'none' on the employer line. If you are self-employed, enter 'self' on the employer line.

Paid for by: Friends of Robert Martwick. A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, Springfield, Illinois.