

CONTRIBUTOR STATEMENT FOR INDIVIDUAL

Contributor's Name _____

Address _____ City _____ State _____ Zip _____

Occupation _____

Employer _____

(e.g. name of business group, hospital or self-employed)

CONTRIBUTION

Date Given:

Amount or Fair Market Value:

Description (in-kind only):

DECLARATIONS: The contribution listed was freely and voluntarily given by me from my personal property. I have not, directly or indirectly, been compensated or reimbursed for this contribution.

Signature of Contributor _____

Return to: OSA PAC; PO Box 4087; Edmond, OK 73083