



Enclosed is my contribution of:

\$ \_\_\_\_\_

Please fill out the information below and  
make checks payable to  
'Friends of Kevin L. Burns'

Mail your contribution with this completed form to:

Friends of Kevin L. Burns  
P.O. Box 1781  
Rincon, GA 31326

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Signature** \_\_\_\_\_

By signing above, you affirm the following: (1) I am at least eighteen years old. (2) This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution. (3) I am a U.S. citizen or lawfully admitted permanent resident (i.e. green card holder). (4) By signing above, I certify that I am responsible for paying all charges incurred in the above amount. (5) I am making this contribution with my own personal funds and not the funds of a business, corporation, or another individual.