

UNITED CALIFORNIANS FOR TAX REFORM

CALIFORNIA SIMPLE TAX INITIATIVE

MANDATORY ENDORSEMENT AND/OR CONTRIBUTION FORM

INDIVIDUAL ENDORSEMENT

Name _____ Signature _____

Name _____ Signature _____

Street _____ City _____ State ____ Zip _____

Occupation (required) _____ Employer (required) _____
(If self-employed, provide name of business)

Email (optional) _____

Comment for possible use on our website (optional) _____

continue on reverse...

BUSINESS / ORGANIZATION ENDORSEMENT

Name of Business or Organization _____

Signature & Title of Authorizing Officer _____

Street _____ City _____ State ____ Zip _____

(optional) Email _____ Phone _____ FAX _____

Comment for possible use on our website (optional) _____

continue on reverse...

CONTRIBUTIONS (optional)

AMOUNT \$10 ____ \$20 ____ \$50 ____ \$100 ____ \$250 ____ \$500 ____ other (specify) ____

INDIVIDUAL CONTRIBUTION ____ CORPORATE CONTRIBUTION ____

Please make checks payable to "UNITED CALIFORNIANS FOR TAX REFORM" and write "CAL SIMPLE TAX: State ID # 942030" on the check.

Mail this form, plus check or money order, to:

CAL SIMPLE TAX, 14252 Culver Drive # 728, Irvine CA 92604

Thank you!!

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