

DSCC ORDER FORM 2017-2019

Please complete this entire form and fax to 916.442.5715, Attn: DSCC List Request

Last Name _____ First Name _____

Address _____

City _____ ST _____ Zip _____

Day Phone () _____ Evening Phone () _____

Email _____ FAX () _____

Candidate/Campaign/Organization _____

(If this request is for a specific candidate, campaign or organization please list)

IN EACH SECTION, PLEASE MAKE YOUR SELECTION:

1. LIST FORMAT:

- A. Email to _____ (in Excel .xls format)
- B. Copy of list on CD (in Excel .xls format)
- C. Line printout of list (each record on one line) (sort by: name / AD / zip code / other _____)

2. TYPE OF LIST:

- A. Full DSCC membership (approximately 3000 – 3200 persons) \$80.00
- B. Region / Full Executive Board / Any District or County \$50.00
(state which area you would like _____)

3. DELIVERY:

- A. Will pick up no extra charge
- B. Via e-mail (listed above) no extra charge
- C. UPS Overnight **(No PO Boxes)** \$35.00
- D. Regular U.S. Mail no extra charge

4. PAYMENT: We must have payment in hand to process your order. NO EXCEPTIONS.

- A. AMEX VISA MC _____ Expiration date ____ / ____

Name on credit card: _____ CVC/CID _____

Visa/MC: 3 digit code
AMEX: 4 digit code

- B. Make check payable to: "California Democratic Party"

TOTAL: \$ _____

*NOTE, Email addresses will not be given out due to our privacy policy.

Prices reflect materials, processing and handling expenses. These fees do not constitute a contribution under the California Political Reform Act.

The list should not be forwarded, copied, or redistributed in any manner. It is intended for the sole use of the individual/organization that ordered it.