



REQUIRED DONOR FORM

- \$20
 \$50
 \$100
 \$250
 \$500
 \$1,000
 \$3,500
 \$7,000

Other: _____

Please make checks payable AND mail to:
Dills for State House 2026
7248 S Gary Ave
Tulsa, OK 74136

Would you like to host a home reception for Sheila Dills for State House District 69?

- Yes, please contact me to organize!*
 I can't host, but please invite me to future events.

***EMAIL:** _____
 REQUIRED FOR ONLINE PROCESSING

IF CONTRIBUTING AS A PAC, PLEASE SPECIFY PAC NAME PAC REGISTRATION #

PREFIX FIRST INITIAL LAST

SALUTATION SPOUSE NAME

ADDRESS CITY STATE ZIP

HOME PHONE NUMBER WORK PHONE NUMBER (OR CELL PHONE NUMBER)

EMPLOYER OCCUPATION CHECK IF SELF-EMPLOYED

SPOUSE'S EMPLOYER SPOUSE'S OCCUPATION CHECK IF SELF-EMPLOYED
 (If contributing jointly)

Contributions by Personal Credit Card (Please check one)


 
 
 

NAME ON CARD BILLING ZIP

CARD NUMBER EXP. DATE CSV/SECURITY CODE

SIGNATURE (REQUIRED) **SPOUSE'S SIGNATURE (REQUIRED IF CONTRIBUTING FROM JOINT FUNDS)**

AUTHORIZED AND PAID FOR BY DILLS FOR STATE HOUSE 2026

DONATE ONLINE ★ www.VoteSheilaDills.com