



City of
Evanston™
OFFICE OF THE CITY CLERK

Candidate Submission of Matching Funds Requests

Date: _____

I, _____, a participating candidate in the Evanston Small Donor Matching System, hereby submit the attached signed contributor receipts for donations I have received that I affirm are eligible for matching funds:

(Separate List of Contributors names and amounts)

Total Number of Accompanying Contribution Receipt Forms: _____

Total Amount of Matching Funds Requested: _____

Candidate Printed Name

Candidates Signature