



Integrity. Commitment. Compassion.

Please Join

Anthem Injury Lawyers

For a Reception in Support of

Deborah Westbrook

Candidate for Nevada Court of Appeals

Thursday, June 2nd, 2022

5:30 p.m. – 7:30 p.m.

Anthem Injury Lawyers

3145 St Rose Pkwy #220

Henderson, NV 89052

Suggested Contribution

Contributor

\$250

Supporter

\$500

Endorser

\$1,000

Contributions made payable to “Westbrook for Nevada Court of Appeals”

**To RSVP or for more information, please contact Trevor Parrish
at 702-242-1414 or trevorp@octoberinc.org**

Contributions to Westbrook for Nevada Court of Appeals are not deductible for federal income tax purposes. Contributions from foreign nationals are prohibited. By donating I affirm that the following statements are true and accurate: 1. I am a United States citizen or a permanent resident alien. 2. This contribution is made from my own funds and not with funds provided to me by another person. 3. I am an authorized representative of the entity making this contribution. 4. The funds I am donating are not being provided to me by another person or entity for the purpose of making this contribution. Not Printed at Government Expense.

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June 2nd Reception Reply

_____ Yes, I would like to attend the June 2nd reception for Deborah Westbrook.

Enclosed is my contribution of \$_____.

Name _____

_____ I am unable to attend the June 2nd reception for Deborah Westbrook, but would like to support Westbrook for Nevada Court of Appeals.

Enclosed is my contribution of \$_____.

To RSVP, please mail this form with contribution payable to:

Westbrook for Nevada Court of Appeals
11700 W. Charleston Blvd. #170-575
Las Vegas, NV 89135

To make your Westbrook for Nevada Court of Appeals contribution payment by credit card, please complete the following information and return to the address above or fax to 702-846-4644, or scan the code below!

Visa MasterCard American Express Discover

Name as it appears on card: _____

Name of entity if business/organization card : _____

Card Number: _____ Exp. _____ Amount: \$ _____

Security Code: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

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