

CONTRIBUTION CARD

This card must only be completed by the contributor

Committee Use Only
Statement #: _____
Transaction ID: _____

Darma V Diaz

(State Committee/District Leader)

___ Check ___ Cash ___ Money Order Amount\$ _____

Name _____

Home Address _____

City/State/Zip _____

Telephone _____ Email _____

The New York State Board of Elections requests that you provide the following information:

Employer _____ Occupation _____

Business Address _____ City/State/Zip _____

I understand that State Law requires that a contribution be in my name and be from my own funds. I hereby affirm that this contribution is being made from my personal funds, is not being reimbursed in any manner, and is not being made as a loan.

Contributor Signature

Date of Contribution

Please make checks payable to: Darma V Diaz 2016

Mail checks to:
Committee: Darma V. Diaz 2016
c/o Arleny Alvarado
230 Arlington Ave
Brooklyn, NY 11207

To contribute to the campaign online go to:
<https://www.paypal.me/DarmaVDiazNY>