

Committee Use Only

Transaction ID _____

Friends to Elect Pharein Griffith

CONTRIBUTION CARD

(The contributor should complete and review the card in its entirety.)

Contribution Type* ☐ Check ☐ Cash* ☐ Money Order

Amount \$ _____

Contributor Name: _____

Home Address: _____

City/State/Zip: _____

Telephone: _____ **Email:** _____

I understand that State law requires that a contribution be in my name and be from my own funds. I hereby affirm that I was not, nor, to my knowledge, was anyone else, reimbursed in any manner for this contribution; that this contribution is not being made as a loan; and that this contribution is being made from my personal funds or my personal account, which has no corporate or business affiliation.

Contributor's Signature

Date of Contribution

*Make checks or money orders payable to "**Friends to Elect Pharein Griffith**".
Maximum aggregate cash contribution is \$100.

Mail checks to:
Friends to Elect Pharein Griffith
437 Manhattan Avenue
New York, NY 10026

Or

Scan form and email to:
[**treasurer@phareingriffith.nyc**](mailto:treasurer@phareingriffith.nyc)

Paid for by Friends to Elect Pharein Griffith
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