

# ALLES FOR NEW YORK



## CONTRIBUTION FORM

**YES!** I would like to support Alles for New York

Enclosed is my contribution of:

\$1,000     \$2,500     \$5,000     \$10,000     Other \$ \_\_\_\_\_

For compliance with New York State law and campaign guidelines, please complete the following:

ORGANIZATION:	_____	CONTRIBUTION TYPE (PLEASE SELECT ONE):	<input type="checkbox"/> INDIVIDUAL
NAME:	_____		<input type="checkbox"/> PARTNERSHIP
ADDRESS:	_____		<input type="checkbox"/> CORPORATION
CITY:	_____		<input type="checkbox"/> PAC/LLC/UNION/OTHER
STATE:	_____	PHONE:	_____
ZIP CODE:	_____	FAX:	_____
SIGNATURE:	_____	E-MAIL:	_____
		AMOUNT: \$	_____

**Please Make checks payable to:**

Alles for New York  
P.O. Box 400  
331 W. 57<sup>th</sup> Street  
New York, NY 10019  
Phone: (212) 907-5109  
Fax: (212) 907-5101

*Individuals, PACs and LLCs may contribute \$102,300 per calendar year. Partnerships may also contribute \$102,300 per calendar year, though contributions above \$2,500 must be allocated to specific partner(s) and not exceed the individual maximum. Corporations may contribute in the aggregate up to \$5,000 per calendar year in New York State. We **cannot** accept cash contributions exceeding \$100.00 Political contributions are not tax deductible.*

**\*\*CONTRIBUTION RECEIPT -- FOR INTERNAL USE ONLY\*\***

RECEIVED BY:	_____	DATE RECEIVED:	_____	METHOD:	CASH CC	CHECK EFT
AMOUNT \$:	_____	DATE OF CHECK:	_____	ACCOUNT:	HOUSE	FIELD
SOURCE:	_____	CHECK #:	_____		DEPOSIT	_____
ATTRIBUTED TO:	_____	SCHEDULE:	_____		NPG	_____
					LEDGER	_____

INITIAL HERE IF PROCESS IS COMPLETE TO FILE