NYS Public Campaign Finance Board
Contribution Card

This card must be completed in full, with an original signature from the contributor. Please use black ink and print clearly.

Committee Name: Jibreel Jalloh for Assembly

Contribution Amount: $_____ Date of Contribution: _____

Contribution Type: ☐ Cash ☐ Check ☐ Credit Card ☐ Money Order

Contributor Name: _____

Residential Address (No P.O. Box): _____

City or Town: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Employer: _____ Occupation: _____

Employer Address: _____

City or Town: _____ State: _____ Zip Code: _____

I certify that this contribution is being made from my own personal funds, is not being reimbursed in any manner, and is not being made as a loan to the committee.

_____ _____

Signature of Contributor Date