

CONTRIBUTION CARD

This card must only be completed by the contributor

Committee Use Only	
Statement #:	_____
Transaction ID:	_____

FRIENDS OF OLANIKE ALABI
(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: Friends of Olanike Alabi P.O. Box 75 Brooklyn, N.Y. 11238