



NYS Public Campaign Finance Board Contribution Card



IMPORTANT: Complete all fields, print clearly in black ink, and sign and date the form. Incomplete forms may not be accepted.

Committee Name: Hernandez for New York

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: _____

If you are self-employed, please enter "Self-Employed" under Employer and list your profession under Occupation.

Example: Employer: Self-Employed Occupation: Financial Advisor

If you are retired, please enter "Retired" under both Employer and Occupation.

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

A handwritten signature or a signature completed through DocuSign is acceptable.

Make checks payable to **Hernandez for New York.**

Mail all check, cash, and money order contributions, along with the completed contribution card, to:

Hernandez for New York
697 3rd Avenue
PMB #106
New York, NY 10017

Questions? Please contact us at team@hernandezfornny.com.