

Contribution Card

The Committee to Elect Jerome L. Rice

P.O. Box 514 New York, NY 10024

_____ Cash _____ Money Order _____ Check in the amount of \$ _____

Name: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

The following information is required for this contribution
to be eligible to be matched with public funds:

Employer: _____

Occupation: _____

Business Address: _____

City/State/Zip _____

I understand that State law requires that a contribution be in my name and 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's Signature

Date of Contribution