Nurse Anesthesia CRNA Political Action Committee DONATION FORM

| | Enclose | ed is my | donati | on for* (chec | k on | ne) | | | |
|---------|--|---|--------------|---------------------------------------|-------|------------------------|----------------|----------------|--------------|
| | \square \$50 \square \$100 \square \$250 \square \$500 \square \$1000 \square other \$ | | | | | | | | |
| | Please make your check payable to Nurse Anesthesia CRNA PAC and send to: | | | | | | | | |
| | c/o Steph 5559 Bro | nesthesia nanie Grol adway Str er, NY 1408 | emund eet | AC | | | | | |
| Му с | ontributio | on is fro | m a/an: | : | | | | | |
| | Individual | ☐ Corp | oration | ☐ Partnersh | ıip | ☐ Sole Proprietorship | ☐ PAC/Lal | bor Union | ☐ LLC |
| Pleas | se check | each lin | e to aff | irm that ea | ch c | of the following are t | rue and ac | curate: | |
| | ☐ I am a United States Citizen or permanent resident alien (green card holder). | | | | | | | | |
| | I have not and will not be reimbursed for making this contribution by another person or entity. | | | | | | | | |
| | I am at least 18 years of age. | | | | | | | | |
| Please | e complete | the follow | ving info | rmation: | | | | | |
| Mailing | g Address: | | | | | | | | |
| | | | | | | | | | _ |
| Home | Address | | | · · · · · · · · · · · · · · · · · · · | | | | | _ |
| City | | | | | | State | Zip Code |) | - |
| Home | Phone | | | | | Occupation | | _(If student, | list school) |
| Emplo | yer/School | | | | | | | | |
| Busine | ess/School | Address _ | | | | | | | |
| City | | | | | | State | Zip Code | ; | _ |
| Busine | iness Phone E-Mail Address | | | | | | | | _ |
| Signat | ture | | | | | | | | _ |
| Dlose | noto: Vol | untary con | tributions | s by individual | o oro | unlimited However the | annual donatio | on limit for a | corporation |

<u>Please note:</u> Voluntary contributions by individuals are unlimited. However, the annual donation limit for a corporation, LLC or PLLC is \$5,000 in a calendar year to all sources. Each affiliated or subsidiary corporation, if a separate legal entity, has its own contribution limit. For more information on contribution limits in New York, please visit the New York State Board of Elections website at http://www.elections.ny.gov.

Contributions to the Nurse Anesthesia CRNA PAC are not tax deductible for state or federal tax purposes. The Federal Election Commission (FEC) prohibits contributions from individuals who are not citizens or permanent residents of the US. Contributions by one person in the name of another person are prohibited. PAC contributions are not reimbursable by an employer or any other entity.