

**NEW YORK PHYSICAL THERAPY
POLITICAL ACTION COMMITTEE**
971 Albany Shaker Road, Latham, NY 12110
518-459-4499

CONTRIBUTOR FORM

**I would like to support the activities and causes of the NYPT Political Action Committee
by contributing the following:**

\$500 \$250 \$100 \$50 Other \$ _____
Platinum Gold Bronze

Method of Payment

Check made payable to NYPT-PAC for \$ _____
 Cash (can not be over \$99) \$ _____
 I would like to pay \$ _____ **once** with my credit card.

Visa _____ Mastercard _____ CVV _____

Credit card number _____ - _____ - _____ - _____ **Expiration Date** _____

Name on Card _____

PLEASE PRINT

Your first name _____ Your last name _____

Street _____

City _____ State _____ Zip _____

Employer (***required***) _____

Contributions to NYPT-PAC are not tax deductible for income tax purposes. All contributions are
voluntary and amounts, other than those suggested, are welcome.

4/30/2016