



DAVID GALARZA FOR A NEW DAY CONTRIBUTION FORM

Please read carefully and complete each section in full. Please print.

METHOD OF PAYMENT (select one)

- Cash (\$100.00 Limit Per Person)
- Check/Money Order (Payable to **David Galarza For A New Day. No Corporate Checks.**) in the amount of \$ _____.

Name:

Home Address:

Apartment (if applicable):

City, State, Zip

Telephone: () Cell (optional): () E-Mail (optional):

The following is required for this contribution to be eligible to be matched with public funds. If unemployed, self-employed or retired, please indicate so below:

Employer:

Occupation:

Employer Address:

City, State, Zip

Employer Telephone: ()

- Have you had any business dealings with the City of New York, personally or as an officer, owner or senior manager of an entity within the last 12 months? Yes No
- 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's Signature

Date of Contribution

CONTRIBUTIONS TO POLITICAL CAMPAIGNS ARE NOT TAX DEDUCTABLE UNDER NEW YORK STATE LAW. MAXIMUM CONTRIBUTION PER INDIVIDUAL IS \$2,750.00 (PRIMARY AND GENERAL ELECTION COMBINED).

Please send completed form to:

DAVID GALARZA FOR A NEW DAY, P.O. Box 200-004, Brooklyn, NY 11220
(718) 512-8656 info@davidgalarza.com

For committee use only: Approval Code: _____ District: In Out
Transaction ID (CFB): _____ Date Received: _____



DAVID GALARZA FOR A NEW DAY CREDIT CARD AUTHORIZATION FORM

Please read carefully and complete each section in full. Please print.

Yes, I wish to contribute \$ _____ to David Galarza For A New Day

Please note that the New York City Campaign Finance Board will match the first \$175 contributed by individual New York City residents at a 6:1 rate. Corporate contributions are not permitted. Contributions from businesses other than corporations are permitted but cannot be matched.

Please select one of the two credit card payment options below and complete the information at the bottom of this card.

1. Please bill my credit card in one lump sum of \$ _____ or
2. Please bill my credit card in _____ monthly installments of \$ _____ (minimum \$10/month).

Visa MasterCard American Express

Name _____
Account Holder _____
Account Number _____
Expiration Date _____

I understand that New York 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 credit card account, billed to and paid by me for my personal use and having no corporate or business affiliation; and is not being made as a loan.

Signature: _____ Date: _____

The following information is required by law for all contributors: (please print legibly)

Contributor Name _____
Home Address _____
City _____ State _____ Zip _____
Optional Information: Email: _____
Home Phone _____ Business Phone _____

The following information is needed to comply with the reporting requirements of the Campaign Finance Program:

You must include whether you are retired, a homemaker, a student, or self-employed (see *Occupation* below) for public disclosure purposes. Please notify the Committee if any of the above information changes during the course of your installment payments. If you have chosen installment contributions and wish to suspend them at any time, you must notify the Committee.

Occupation _____
Employer _____
Business Address _____

Have you had any business dealings with the city of New York, personally or as an officer, owner or senior manager of an entity within the last 12 months? Yes No

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