

**PRINT THIS FORM AND ENCLOSE IT WITH YOUR PAYMENT**

**YES! I will support Three Parks Independent Democrats on Sunday, May 19, 2024**

**Enclosed is my check payable to *Three Parks Independent Democrats*.**

**I wish to be listed on the Benefit invitation (payment requested by April 19)**

\_\_\_ \$1000 Angel                      \_\_\_ \$300 Patron  
\_\_\_ \$500 Benefactor                \_\_\_ \$200 Sponsor

**I wish to be acknowledged at the Benefit on May 19:**

\_\_\_ \$175 Friend                      \_\_\_ \$ Contributor (any amount)

**I will attend the Benefit in person on May 19. Minimum contribution to attend is \$50.00 for members and \$175 for the public.**

***To ensure compliance with NY State Campaign Finance Rules, please fill out ALL the fields below.***

**Name:** \_\_\_\_\_

**Name to be listed -- if different from Name above:**

\_\_\_\_\_

**Additional name to be listed: (Family or friend)**

\_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phones: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**Email:** \_\_\_\_\_

***Mail your check with this form to:***  
**Three Parks Independent Democrats,**  
**Cathedral Station P.O. Box 1316, New York, N.Y. 10025.**