

** Please note that this sponsorship form is only applicable if and when the NYSWI PAC is created.*

NYSWI PAC SPONSORSHIP FORM

To: New York State Women Inc. PAC

The/I, _____, hereby
(Local Chapter President/Region Director/PAC Committee Member)

request(s) a political contribution of \$ _____, for _____,
(Amount) (Candidate's Name)

Who is running for _____ from _____, New York.
(List Office Being Sought) (City)

If available:

The candidate's website is: _____.

Other groups supporting the candidate are: _____

_____.

The candidate's official committee name is: _____.

Respectfully submitted,

LC President, RD, State Board Member

Date: _____

Please send this form to NYSWI PAC Chair