



Name _____

Address _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Please provide a brief description of your request: (host, co-host, supporter invitee)

Representative and Campaign Information

Event Date: _____

Requested Amount: _____

Campaign Name: _____

Campaign Contact: _____

Describe any previous exposure or relationship with the candidate: (fundraiser, patient, personal relationship)

Please return this form and a copy of the invitation to process all check requests.

(518) 207-0080 (fax)
info@nyssos.org (email)

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