

**ONL NJ PAC CONTRIBUTION FORM**

I would like to support the ONL NJ PAC through

*(Please check all that apply)*

Financial contribution: \_\_\_\$25\_\_\_\$50\_\_\_\$75 \_\_\_\$100 \_\_\_other

Enclosed find my personal check in the amount of \$\_\_\_\_\_.

**Mail to: ONL NJ PAC, P.O. Box 396, Monmouth Junction, NJ**

**08852**

\_\_\_\_Volunteer my time by assisting with fundraising efforts of the ONL NJ PAC.

Name:
Title:
Phone:
E-mail:
My home address:
Employer:
Employer's Address:
Date:

**Regulations:** *The purpose of the ONL NJ PAC is to provide campaign contributions to candidates who support the interests of nursing and quality healthcare and support the legislative priorities and mission of the ONL NJ PAC.*

*Contributions to the ONL NJ PAC are strictly voluntary and participation or nonparticipation in the program will have no effect on an employee's job evaluation, wages, benefits or work assignments. All members are required to be U.S. citizens or permanent resident aliens (green card holders residing in the United States). There are no minimum contribution amounts and employees may contribute any amount they wish or refuse without reprisal. Contributions or gifts to ONL NJ PAC are not deductible as charitable contributions for federal income tax purposes. State law requires the ONL NJ PAC to use best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$300 per calendar year. Contributions may not exceed \$7,200 per election cycle in New Jersey.*