

**The Trustees of NJHCPAC thank you for your contribution. The form below must be completed for our records, with the information provided being as it appears on your check.** Contributor information is required by the New Jersey Election Law Enforcement Commission and Internal Revenue Service. Fill in the section listed in ( ) below for the category your check is from:

**Corporate** checks are acceptable, and the corporation will be deemed to be the contributor. (Complete 1)

Checks from a **Sole Proprietorship** that is an unincorporated business entity will be attributed to the individual who is the sole proprietor having beneficial ownership of the funds in the account on which the check is drawn (Complete 2)

Checks from a **Partnership or Limited Liability Company (LLC)** will be attributed to the partner(s) or member(s) (on an equal basis) who sign the check. However, a Partnership or LLC has the option of allocating its contribution to any partner/member or all partner(s)/member(s), in addition to or instead of the check's signatory(ies). (Complete 2)

Contributions are not tax deductible.

**Name of facility** \_\_\_\_\_

**If Corporate:**

**1)** Name on check \_\_\_\_\_ Check No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Name of Signatory \_\_\_\_\_

Name of Corporation \_\_\_\_\_

**2)** If a **Sole Proprietorship, Partnership or Limited Liability Company**, the following information is required for the individual; or for **each** partner/member signatory; or for **each** partner/member to which the contribution is being allocated. Attach a separate sheet(s), if necessary:

Individual/Partner name \_\_\_\_\_

Check No. \_\_\_\_\_ Percentage of Allocation \_\_\_\_\_

Owner/Partner Name \_\_\_\_\_

Owner/Partner Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

If alternate allocation, signature of alternate(s) \_\_\_\_\_