LARRY SHARPE FOR GOVERNOR 2026

Contribution Form

Please print clearly in Black Ink. NY State law requires all fields to be completed to process your contribution.

Contributor Information

Committee Name: _____

Contribution Amount: $_____ Date of Contribution: _____

Contribution Type: ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card **(See Back Page)**

Contributor Name: _____

Residential Address (No P.O. Box): _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____**Email:** _____

Employer: _____ **Occupation:** _____

Employer Address: _____

Employer City: _____ **State:** _____ **ZIP:** _____

Employer & Occupation required for contributions over $99, Residential address required (no P.O. Boxes)

*Required Certification

I certify that this contribution is being made from my own personal funds, is not being reimbursed in any manner, and is not being made as a loan to the committee.

Contributor Signature: _____

Date: _____

Credit Card Information

Amount: $_____ **Date:** _____

☐ One-time ☐ Monthly recurring (charged monthly until canceled)

Payment Method:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: _____

Exp (MM/YY): _____ / _____ **CVV:** _____

Name on Card: _____

Billing ZIP: _____

By signing below, I authorize Larry Sharpe for Governor to charge my card for the amount indicated.

Signature (Cardholder): _____

Date: _____

For your donation to be eligible for NY's Public Matching Funds Program, your donation must be between $5-$1050(aggregate, per cycle). The first $250 per donation from each NYS resident is eligible for public matching funds 6:1.

Committee Use Only

Received by: _____ **Date Received:** _____

Transaction/Authorization #: _____ **Processed by:** _____

Authorized by Larry Sharpe for Governor 2026
