



NEW YORK WORKERS'  
COMPENSATION ALLIANCE.

## Donation/Support Form

*We thank you for supporting the work of the New York Workers' Compensation Alliance!*

*Please complete this form and submit with payment.*

Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Yes. I would like to receive updates from NYWCA. Send to my e-mail address listed above.**

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### PAYMENT INFORMATION

**DONATION AMOUNT:** \$ \_\_\_\_\_

Check Enclosed (Please make payable to: NYWCA)

Credit Card:  Visa  MasterCard  Amex  Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security #: \_\_\_\_\_

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### **Submit this form with donation:**

Mail to:

NYWCA, 230 Washington Avenue Extension, Suite 101, Albany, NY 12203

or

Fax to: 518-463-8656

or

E-Mail to: [info@nyworkerscompensationalliance.org](mailto:info@nyworkerscompensationalliance.org)