



**NEW JERSEY
ASSOCIATION
for JUSTICE**
POLITICAL ACTION COMMITTEE

<input checked="" type="checkbox"/>	Card Level	Monthly Total to NJAJ PAC
	600 Club	\$600
	500 Club	\$500
	400 Club	\$400
	300 Club	\$300
	200 Club	\$200
	100 Club	\$100
	50 Club	\$50
	25 Club	\$25

One Time Contribution: **\$7,200** **Other** _____

Name: _____

Firm: _____

Address: _____

City, State & Zip Code: _____

Occupation: _____ Employer: _____

Referred By: _____

Please charge my *personal* credit card monthly for the above checked amount

Credit Card Number: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

-OR-

Please charge my *personal* bank account monthly for the above checked amount

Account Number: _____

Routing Number: _____

Bank Name/Address: _____

Name as it appears on Account: _____

**Contribution cards can be mailed or faxed to:
New Jersey Association for Justice Political Action Committee
150 West State Street
Trenton, New Jersey 08608
Fax: 609-396-2463
Phone: 609-396-0666**

If your contribution is made from a **partnership account or LLC**, please check here ____.

If your contribution is made from a **partnership account or LLC**, we will assume that the entire contribution will be paid from your portion of the partnership or LLC assets. If this is not the case, please state what portion will be charged to you, as well as which partner(s) or LLC member(s) will be responsible for the remainder of the contribution.

Name(s) _____

AAJ PAC acts as the collecting agent for NJAJ, therefore all drafts will be in the name of AAJ PAC. All contributions to NJAJ PAC are voluntary and not deductible for federal tax purposes.