



Dedicated to protecting access to quality healthcare for automobile accident victims

To join New Yorkers for Fair Automobile Insurance Reform and express your concern about the regulatory and legislative changes to the No-Fault system currently being considered in Albany, please complete this form and return it along with your donations to:

New Yorkers for Fair Automobile Insurance Reform, Inc.
11 Grace Avenue, Suite 111
Great Neck, NY 11021

First Name: _____ Last Name: _____

Generic Title (e.g., Health Care Provider, Concerned Citizen, Former Accident Victim, Lawyer, Representative of a Professional Association):

Email address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

I would like to help by providing the following:

My Donation of: \$5,000 \$1,000 \$500 \$250 \$100 \$: _____
is enclosed. Contributions or gifts to NYFAIR are not tax deductible as charitable contributions.

Other assistance I can provide:

