



New Jersey Association of the Deaf, Inc.

An Advocacy and Service Organization

DONATION FORM

DONOR INFORMATION

First Name: _____ Last Name: _____

Organization Name (Fill this out only if you're donating on behalf of an organization):

ADDRESS INFORMATION

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

MAKE A DONATION

Donation Amount: \$ _____

- I want to support:
- Community Education
 - Disaster Relief for Deaf/Hard-of-Hearing
 - General
 - Youth
 - Other: _____

Make your check or money order payable to: NJ Association of the Deaf, Inc.

Please mail this completed form and donation to: NJAD | PO Box 132 | Edgewater, NJ 07020

Thank you for your generosity.

For NJAD Office Only:

Date Received: _____ Amount Received: _____ Send Thank You: _____