

New Jersey Association of the Deaf, Inc.

An Advocacy and Service Organization

IN-KIND CONTRIBUTION FORM

Donor Representative Name:	
Donor Company Name:	
Physical Address:	_
·	_
Email Address:	-
Phone Number:	
Signature:	Date:
Description of item or service being donated:	
Approximate Retail Value: \$	

Contribution is tax-deductible. Thank you for your support!

Please return this form by mail or email to stateconference@deafnjad.org

NJAD PO Box 132 Edgewater, NJ 07020