



# New Jersey Association of the Deaf, Inc.

*An Advocacy and Service Organization*

## DONATION FORM

<b>DONOR INFORMATION</b> (Please PRINT clearly)	<b>Today's Date:</b>
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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

\_\_\_\_\_

<b>ADDRESS INFORMATION</b> (If you're making this donation on behalf of an organization, please provide the company's address)
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Street Address: \_\_\_\_\_ Apt/Suite/Unit: \_\_\_\_\_

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

County: \_\_\_\_\_

VP Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

### MAKE A DONATION

Gift Amount: \$ \_\_\_\_\_

Your gift will support the NJAD mission to provide educational workshops & resources and advocate the rights of the New Jersey Deaf and Hard of Hearing community.

Please make your check or money order payable to: **NJAD**

and mail to: **PO Box 132**

**Edgewater, NJ 07020**

If you prefer to donate online, please visit our website at [deafnjad.org/donation](http://deafnjad.org/donation)

Thank you for your support!