



# New Jersey Association of the Deaf, Inc.

*An Advocacy and Service Organization*

## DONATION FORM

**DONOR INFORMATION** (Please PRINT clearly)

**Today's Date:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

**ADDRESS INFORMATION** (If you're making this donation on behalf of an organization, please provide the company's address)

Street Address: \_\_\_\_\_ Apt/Suite/Unit: \_\_\_\_\_

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

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

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

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

### MAKE A DONATION

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

This gift is in memory of \_\_\_\_\_

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!