



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 250 | Estell Manor, NJ 08319

Thank you for your generosity.

For NJAD Office Only:

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