



DONATION FORM

Thank you
for helping to make
this dream
a reality!

Name: _____

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Phone: _____ This is: Voice VP Text

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Donation Amount: \$ _____

This donation is In honor of or In memory of: _____

*New Jersey Deaf Housing, Inc. is a federal 501(c)(3) non-profit organization.
Donations may be tax deductible to the extent provided by law.*

Make your check, money order or bank check payable to:

New Jersey Deaf Housing, Inc.

Please do not send cash!

Send this completed form and your donation to:

New Jersey Deaf Housing, Inc. PO Box 474 Woodbridge, NJ 07095

For NJDH Use Only: Date Received _____ Amount Received _____ Acknowledged _____