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## DONATION FORM

Thank you  
for helping to make  
**this dream**  
a reality!

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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:**

NJDH, Inc.

PO Box 112

Montville, NJ 07045

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*For NJDH Use Only:* Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_ Acknowledged \_\_\_\_\_