



NATIONAL JUNIOR ATHLETIC ASSOCIATION, INC. GENERAL DONATION FORM

Mail This Form and Donation to: National Junior Athletic Association, Inc., P.O. Box 1190, Washington, CT 06793

One-Time Donation Amount: \$ _____

YES! Please make this a recurring monthly donation and support junior athletes with my monthly gift of:

\$19/month \$25/month \$30/month Other \$ _____/month

Donation Information:

(Is this donation being made by a company?) Company Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone Number: _____

Email Address: _____

Yes, I would like to receive email communications from NJAA

My check is enclosed and made out to "NJAA" Please charge my credit card.

Credit Card Information:

Card Type: AMEX Discover MasterCard Visa

Cardholder Name: _____

Card Number: _____ Exp. (MM/YY): _____ CVV (3 or 4 digit): _____

Cardholder Signature: _____

Credit Card Billing Information:

(If billing address differs from donor information, enter below.)

Address: _____

City: _____ State: _____ Zip Code: _____

Gifts In Honor or In Memory of an Individual:

**Note: NJAA does not disclose the donation amount.*

Gift Type (choose one): In honor of In memory of

Honoree's First Name: _____ Last Name: _____

Send Acknowledgement of my gift to (First / Last Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____