



Friends of NJSHA

Please complete this form and enclose it with your payment.

Friends of NJSHA will be listed on our website at <https://www.njsha.org/for-the-public/donate/>.

Name (as you wish listed): _____

Address: _____

City, State, ZIP Code: _____

Phone Number: _____

E-mail address: _____

I would like make a donation to NJSHA

- | | | |
|-------------------------------|--------------------------------|---|
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$300 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$75 | <input type="checkbox"/> \$400 | |

Would you like to remain anonymous?

Yes

Payment Information

Amount Enclosed: \$ _____

Checks - Payable to **New Jersey Speech-Language-Hearing Association**

Credit Card Information

Card Number: _____

Expiration Date: _____(Month/Year)

Mail Completed Form to: **174 Nassau Street
Suite 337
Princeton, NJ 08542**

Is your donation being made in memory or in honor of someone special? If so, please complete the following:

In Memory of: _____

In Honor of: _____

Thank You for donating to NJSHA!