



Charitable Donation Form

Name _____

Title _____

Organization (if applicable) _____

Address _____ City _____ State _____ Zip _____

Telephone number _____ Email Address _____

Enclosed please find my donation in the amount of:

\$25 _____

\$50 _____

\$100 _____

Other _____

I would like my donation to be used for:

- Programs and services deemed most necessary by NCAAA
 Specific Program(s) and/or services that I have listed below:

I am making a donation in memory of: _____

Please send an acknowledgement of this memorial donation to:

Name _____

Address _____

Zip _____

Please make your tax deductible donation payable to:

NCAAA

151 New Park Avenue, Box 75

Hartford, CT 06106

Thank you very much for your generosity.

We would like your permission to acknowledge your gift in agency materials as appropriate. If you would rather *not* be recognized in this fashion, please indicate your preference by checking the box below.

- Please *do not* publicly acknowledge my gift.