

# NATIONAL APHASIA ASSOCIATION

## COMMEMORATIVE DONATION FORM

All contributions to the National Aphasia Association (NAA) are tax deductible to the extent allowed by law.

Make checks payable to: National Aphasia Association (NAA).

Amount of Contribution: \$ \_\_\_\_\_

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

**Please notify the following person/family/group that a contribution has been made:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**My information:**

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My credit card number is: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_ MasterCard

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Name on Card (Please print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number/Email of Cardholder: \_\_\_\_\_

**(Please include this information, as we may need to contact you with card issues)**

Please include any other special instructions, such as to what specific fund or event this donation should be directed to (if applicable):

Mail to:  
National Aphasia Association  
350 Seventh Ave, Suite 902  
New York, NY 10001  
(800) 922-4622 PHONE  
(212) 267-2812 FAX