

DONATION FORM

Donor Information					
First Name:		Last Name:			
Street Address:					
City: State:			Zip Code:	Zip Code:	
Phone:		Email:			
Please complete all fields. You may ca cancelled.	ncel this authorization at a	any time by contacting us	s. This authorization	on remains in effect until	
Donation Description					
CHECK ONE: CASH	□ Check (make p	ayable to NEA)	Credit Car	d	
AMOUNT □ \$5000 □ \$	□ \$2500 □ \$10 _(Other Amount)	000 🗆 \$500	□\$100	□ \$50	
□ One Time	□ Mo	onthly		У	
□ \$5,750 Sponsor a Full T □ \$1,250 Sponsor an Ever					
Credit Card Information					
Card Type:	d 🛛 Visa	Discover I	□ AMEX	□ Other	
Cardholder Name (as shown	n on card):				
Card Number:					
Expiration Date (mm/yy): _		C`	VV:		
I,		, authorize NEA to	charge my c	redit card above for the	
agreed upon fees. I understan account.					

Signature