

Donation Form  
NJ Tax ID: 26-3458082



**"Working to improve the quality of life of children in need, the elderly and the handicap."**

**Donor Information (please print or type)**

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

**Pledge Information**

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
\_\_\_ cash \_\_\_ check \_\_\_ other.

\*credit card donations can be made on the website, click on "Donate Now"

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_ form enclosed \_\_\_ form will be forwarded

**Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

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\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Two Generations Inc.  
150B North Ave  
Stirling, NJ 07980