



New Jersey Association of Twins' Mothers Clubs, Inc.
Scholarship Fund

A Gift “In Memory” or “In Honor” of a Friend or Family Member

Please complete this form clearly to ensure we can properly process and acknowledge your gift.

Donor Name (or Club Name): _____

Donor Address: _____

Donor Email Address (Optional): _____

Donor Phone Number (Optional): _____

Local Club Affiliation: _____

☐ In Memory of ☐ In Honor of: _____

Please send an acknowledgement card to: _____

Address: _____

☐ I am enclosing my check made payable to “NJATMC Scholarship Fund” for \$ _____.

Please mail this form and check to:

**NJATMC Scholarship
6 Koehler Drive
South Bound Brook, NJ 08880**

Upon receipt of your gift, a card will be sent per your instructions indicating that a donation has been made in memoriam/honor of the name you indicate on the form below. The amount of the gift is not disclosed. Thank you for your donation.

“Investing in the Future”