



**Give Now – Your Gift Will Help CHAA Support Youth Athletics in the City of Camden**

*Please print or type your gift information. Mail or fax the completed form to CHAA.*

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

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Donation Information:**

Gift Amount: \$ \_\_\_\_\_

Note: \_\_\_\_\_

**Gifts to Honor or Celebrate (Optional)**

Type of Gift:     In Honor of     In Celebration of

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

Please mail a tribute card on my behalf to:

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

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

**Payment Information:**

Enclosed is my check (Make payable to **CHAA**)

**Additional Information:**

**Corporate:**     This donation is on behalf of a company

**Anonymous:**     I prefer to make this donation anonymously

**Matching Gifts:**

My company will match my gift                      Company Name: \_\_\_\_\_

*Please send this completed donation form with your check to:*

**Camden Health & Athletic Association**

Three Cooper Plaza, Ste. 500

Camden, NJ 08103

Or Fax: 856.342.2109

If you have questions, please call **856-583-2160**.

To make a donation by credit card, please visit [www.chaacamden.org/support/donate](http://www.chaacamden.org/support/donate)