

DONATION FORM

Your support will help us to fulfill our mission to nurture students to become well-educated individuals of exemplary moral character and to provide a rigorous college preparatory and classical arts education steeped in the traditional values of the West and the East. Thank you!

DONOR INFORMATION: *required field

Primary Donor Name* _____ Joint Donor Name _____

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Home Phone (Preferred) _____ Cell Phone (Preferred) _____

Email _____ Yes, I would like to receive email updates from NAA!

GIFT INFORMATION

I would like to make a gift of \$ _____ to NAA.

I/we have enclosed a check, payable to *Northern Academy of the Arts*

I/we have done a wire transfer to *Northern Academy of the Arts*

Please Charge My:

Visa

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Discover

Account Number _____ Exp. Date _____

Name on Card _____ Signature _____

PLEASE COMPLETE FORM AND RETURN TO

Northern Academy of the Arts
Office of Development
1 Ashley Avenue
Middletown, NY 10940
P (845) 293-2608 | Email: develop@northernacademy.org

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