

Donation Form



Northern New Jersey Veteran Memorial Cemetery

"A Place Close to Home"

501 (C13)

"All Gave Some – Some Gave All"



Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Please Designate: Donation: \$ _____

In Honor Of: _____

In Memory Of: _____

Specific Request: _____

Optional: Please notify the following of this donation:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Please make checks payable to: NNJVCMC

Mail to: NNJVCMC

75 North Church Road

Sparta, NJ 07871

Please join us in making this facility a reality for our well-deserving Veterans who served our nation and for those who are currently serving and protecting our freedoms. Thank you.