

# 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: NNJVMC  
Mail to: NNJVMC P O Box 82 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.*