

# HOUSING PARTNERSHIP

Your Home Ownership Center

2 East Blackwell Street, Suite 12, Dover, NJ 07801

Ph: 973-659-9222 Fax: 973-659-9220

www.housingpartnershipnj.org

Please accept my gift/donation for your home buyer education programs in the amount indicated below:

\$ 25.00

\$ 250.00

\$ 50.00

\$ 500.00

\$ 100.00

Other Amount \$ \_\_\_\_\_

In Honor of: \_\_\_\_\_ In Memory of: \_\_\_\_\_

Please send an acknowledgement card to the following:

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

Address \_\_\_\_\_

Card Type:

Birthday  Anniversary  Mother's Day  Father's Day  Sympathy  Other \_\_\_\_\_

Enclosed is my check # \_\_\_\_\_

I wish to pay by credit card

Master Card  Visa Name as it appears on card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

Street: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail to: Housing Partnership, 2 East Blackwell Street, Suite 12, Dover, NJ 07801

Fax to: 973-659-9220

✂CLIP HERE for your records -----

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Your contribution is tax deductible

Tax ID: 22-3194848

## Contribution Receipt

\$ 25.00

\$ 250.00

\$ 50.00

\$ 500.00

\$ 100.00

Other Amount \$ \_\_\_\_\_

Given in Honor/Memory of: \_\_\_\_\_

Paid by:  Check # \_\_\_\_\_  Visa  Master Card

Please retain this portion for your records

*Thank you!*