

# Making Donations to The North Central District Allied Connections (NCDAC)

*Please fill out form and send along with your payment.*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Gift Amount:** \_\_\_\_\_

**Would you like this donation to go to a specific program? (Dental, Project TEACH)**

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Mail to: NCDAC  
7930 Nittany Valley Dr.  
Suite B  
Mill Hall, PA 17751

Check Enclosed

Cash Enclosed

Is This a Memorial Gift or Tribute Gift?

I am making this gift:  in memory of  in honor of

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

Occasion: \_\_\_\_\_

