



NicNac Charities

Donor

Form

Name:

Address:

City, State, Zip:

Email:

Phone #:

What are you sending in?

Post mark envelope to P.O. Box 97; Emmaus, Pa 18049.

Would you like a tax exemption letter mailed back to you? Yes | No

Unless use is obvious such as a textbook or smart pens etc; Briefly explain how you would like to see your donation utilized to further fulfill our charities mission.

 X _____ Date: _____

By signing above you acknowledge that all the information contained herein is truthful; and that you are of legal age, with the ability to enter into contractual obligations and that, if said information is found at any time to be a false representation or to be misleading in any manor, this donation form will be terminated irrevocably, and any contents mailed will be returned at the senders expense.