NOVA
SUPPORT VICTIMS. STOP VIOLENCE.

PRINTABLE DONATION FORM

Thank you for helping NOVA provide support, advocacy, and prevention education to individuals and families across Bucks County.

1. YOUR GIFT

Donation amount

☐ $25 ☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ Other: $ _____

Gift designation

☐ Where the need is greatest ☐ Other program/purpose: _____

Payment method

☐ Check enclosed ☐ Credit card (complete section 5 below)

2. DONOR INFORMATION

Full name / Organization

_____

☐ **I would like my gift to remain anonymous.**
Please do not publicly recognize my name or gift. NOVA may retain my information for donation processing and tax acknowledgment purposes.

Mailing address

_____

City _____ **State** _____ **ZIP code** _____

Email address _____ **Phone (optional)** _____

3. OPTIONAL GIFT DETAILS

☐ In honor of ☐ In memory of

Name of person being honored / remembered (if applicable)

_____

4. CREDIT CARD AUTHORIZATION

Complete only if paying by credit card

Name on card _____ **Expiration (MM/YY)** _____ **CVV/CVC Code** _____

Card number

_____

Signature: _____ **Date:** _____

I authorize NOVA to charge the donation amount selected above.

5. MAIL YOUR DONATION

Mail this completed form with your check or authorized credit card information to:

NOVA | 2370 York Road, Suite B1 | Jamison, PA 18929
Questions? 215-343-6543 | Development@novabucks.org

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NOVA will acknowledge your gift using the contact information provided above.