



# North Canton Alumni Association

## DONATION FORM

Donor(s): \_\_\_\_\_ (Include maiden name)

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

Telephone: \_\_\_\_\_ Class Year: \_\_\_\_\_ (If alumnus/alumna)

Donation: • In Memory of • In Honor of • General Donation • Class of • Other (Please specify)  
\_\_\_\_\_ (Include maiden name if known)

Class year: \_\_\_\_\_ (If alumnus/alumna and known)

Comments: \_\_\_\_\_  
\_\_\_\_\_

Amount: \$ \_\_\_\_\_

Notification of donation to:

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

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

If you would like your donation divided, please make note in comments.

Please make check payable to:

**North Canton Alumni Association  
P.O. Box 2534  
North Canton, OH 44720**

Tax receipt will be sent to donor(s) above.

*Thank you for your donation to the North Canton Alumni Association.*