



Thank you for supporting the Northwest Arkansas Hockey Association, a registered 501(c)(3) nonprofit organization. Your contribution is tax-deductible to the extent allowed by law.

Donor Information

- **Full Name (First, Last):** _____
 - **Organization/Company (if applicable):** _____
 - **Mailing Address:** _____
City: _____ State: _____ ZIP: _____
 - **Phone Number:** _____
 - **Email Address:** _____
-

Donation Details

- **Donation Amount:** \$ _____
- **Donation Type:**
 - ☐ One-Time Gift
 - ☐ Monthly Recurring Gift
 - ☐ Annual Gift
- **Method of Payment:**
 - ☐ Check (payable to Northwest Arkansas Hockey Association)
 - ☐ Credit/Debit Card
 - ☐ Other: _____
- **Gift Designation (optional):**
 - ☐ General Support (where needed most)
 - ☐ Specific Program/Team/Project: _____

Acknowledgment Preferences

- ☐ Please send me a receipt by email
- ☐ Please send me a receipt by mail
- ☐ Please keep my donation anonymous

Signature

I hereby authorize this donation to Northwest Arkansas Hockey Association.

Signature: _____ **Date:** _____

Northwest Arkansas Hockey Association

- PO Box 6277, Springdale, AR 72762 • WWW.NWAHOCKEY.COM •