***Please complete this form and email <<email address>> or fax it <<fax number>> to your District Chair.***

**Contact Information**

State Name:

Address (City/State/Zip):

Contact Name/Credentials:

Telephone: Email:

NATA Foundation District Chair: <<District Chair Name>> \_\_\_

**Yes! Our state association would like to make a contribution to the NATA Foundation in the amount of:**

$

**Completing the Commitment**

Thank you for your contribution! NATA Foundation staff will mail you an invoice to the address listed above. If you prefer to send payment now, you can mail a check payable to “NATA Foundation” with this form or you can pay via credit card by completing the following information:

***Type of Credit Card*** Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ AMEX \_\_\_

***Name on Account*** ***Account Number***

***Expiration Date***  ***Signature***

*Please consult with your tax advisor regarding tax deductibility of this contribution.*

**Special Instructions** (please select all that apply)

 Please apply our gift where it’s needed most

 Please apply our gift to the Endowment

 Please apply our gift as an “In Honor or Recognition of” for the following individual(s) –

Name: Email Address:

Mailing Address: Phone:

Acknowledgement Instructions:

Name: Email Address:

Mailing Address: Phone:

Acknowledgement Instructions:

**Questions**

If you have any questions, please contact your NATA Foundation District Chair at <<email address>>.