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| **NSAF 2025 Honor Roll Donor Card**  Thank you for supporting our Newington students!  Please complete the information below. Enclosed is my check for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name | * $25 to $49 | * $250 to $499 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address | * $50 to $99 | * $500 and above |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City | * $100 to $249 |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State Zip Code  ***Donations are accepted year-round.***  ***Please make your check payable to NSAF*** | * I have enclosed a matching gift form from my employer.   *Mail this completed form to:*  **Newington Student Assistance Fund**  PO Box 310216  Newington, CT. 06131 | |

**Newington Student Assistance Fund, Inc.**