

# Donation Form



NORTHERN NEW JERSEY  
VETERANS MEMORIAL CEMETERY

## Northern New Jersey Veterans Memorial Cemetery

"A Place Closer to Home"

501 (C13)

"All Gave Some Some Gave All"



*Please print clearly to ensure accuracy.*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please designate: Donation: \_\_\_\_\_

In Honor of: \_\_\_\_\_

In Memory of: \_\_\_\_\_

Specific request: \_\_\_\_\_

Optional: Please notify the following of this donation:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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**Please make checks payable to: NNJVMC**

**Mail to: NNJVMC P.O. Box 463 Vernon, NJ 07462 or NNJVMC P.O. Box 82 Sparta, NJ 07871**

Please join us in making this facility a reality for our well-deserving Veterans who served our nation and for those who are currently serving and protecting our freedoms. Thank you.