



HAYNES FOUNDATION

A NJ Nonprofit Corporation 501(c)(3)

Life Skills through Health, Education and Sports

Donate by Personal or Corporate Check

Full Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Amount Donated: _____ Check Number: _____

You will receive a receipt for tax purposes.

Please include the check with this form and remit to:

Haynes Foundation
P.O. Box 869
Sicklerville, NJ 08081