CHARITABLE DONATION FORM

Name: _____________________________________________

Address: ____________________________________________

________________________________________________________________________

Phone* __________________________ E-mail* __________

* Optional

Amount: __________________________ to support:

☐ Greatest Need

☐ National Butterfly Center in Mission, Texas

☐ Florida Butterfly Movement

☐ Jane V. Scott Conservation Fund

☐ NABA Butterfly Monitoring Program

OR

☐ Contact me about other ways to give:
  • Bequest: A specific bequest of money or property naming NABA as a beneficiary
  • Planned Gift: Charitable Remainder Trust
  • Life Insurance

Mail a check to:
North American Butterfly Association (NABA)
4 Delaware Rd.
Morristown, NJ 07960

100% of the amount can be considered as a donation to NABA, a not-for-profit organization 501(C)(3) organization as designated by the IRS.

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www.naba.org