

Donation Form

Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Please select one of the two options:

____ I have enclosed my full donation of \$ _____

____ I would like to pledge a donation of \$ _____

Enclosed is \$ _____ and I will pay the balance due of \$ _____ on
_____ (month/year).

Please make checks, money orders or cashier checks payable to IT Next Generation Foundation. All donations to the IT Next Generation Foundation are tax-deductible.

**IT Next Generation Foundation
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