

DONATION FORM



Enclosed is my/our contribution of \$ _____ payable to SWOA.

Donor Name (s) _____

Address _____

City _____ State _____ ZIP _____

Email address _____

Acknowledgement of your gift will be sent via email.

[] Check here if you would like to be on our mailing list.

Please mail to:

SWOA
c/o Treasurer
PO Box 454, Salem, MA 01970

~THANK YOU~

Your funds help SWOA fulfill our mission of affording relief to individuals and families in the Salem area.

Tax Information

The Seamen's Widow and Orphan Association is a 501 (c) (3) exempt private foundation.

All donations are tax deductible to the full extent of the law.

Tax ID: 04-6014352