



# Donation Form

Syracuse Men's ACHA Hockey

## Donor Information

NAME (LAST, FIRST, M.I.)	BUSINESS NAME (OPTIONAL)
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE

## Donation Description

CHECK ONE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> PRODUCT / ITEM <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER	
<i>Checks can be written out to Syracuse University Men's Ice Hockey Club</i>	
AMOUNT / DESCRIPTION	DATE
DONATION IS FOR: <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER	
IF OTHER, PLEASE SPECIFY: _____	
I WOULD LIKE A TAX WRITE OFF: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NOTES:	

## Mailing Information

**Barnes Center at The Arch - Recreation  
c/o Men's Hockey Club**  
150 Sims Dr.  
Syracuse, NY 13244

## Contact Information

**Brock Alvers**  
Syracuse ACHA Men's Hockey - Treasurer  
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**Email:** balvers@syr.edu