



# Donation Form

Men's Hockey Club at Syracuse University

## 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	
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:	

## Contact Information

**Barnes Center at The Arch - Recreation  
c/o Men's Hockey Club**

150 Sims Dr.  
Syracuse, NY 13244

**Mackenzie Murphy**

Syracuse ACHA Men's Hockey - President

**Phone:** (603) 986-8587 **Email:**

mpmurphy@syr.edu