



NFHCA General Fund Donation Form

Your gift to the NFHCA General Fund supports our mission to provide coaching education, professional resources, recognition programs, and community building to field hockey coaches across the country, at every level.

To complete your donation, please fill out this form completely, then mail the form, along with a check to:

NFHCA
P.O. Box 49098
Colorado Springs, CO 80949

Questions? Email NFHCA executive director, Cate Clark at cate.clark@nfhca.org.

NFHCA General Fund Donation Form

Contact Information

Full Name:

Email Address:

Address (1):

Address (2):

City:

State:

Zip Code:

Tell us more about yourself! (Circle one.)

I'm a current or former coach

I'm a current or former player, not a coach

I'm a parent of a coach or player

I'm a field hockey fan

Other

Donation Information

Donation Amount:

Would you like to subscribe to the NFHCA's weekly email newsletter? (Circle one.) Yes No

Checks should be made payable to: NFHCA

Please note "NFHCA General Fund" in the memo line.

Thank you for supporting the NFHCA and our coaches!



NFHCA Annual Convention Scholarship Fund Donation Form

A gift of \$300 will cover the cost of registration at the Annual Convention for one coach.

Your scholarship and the name of this year’s recipient will appear in the NFHCA Annual Convention packet.

To complete your donation, please fill out this form completely, then mail the form, along with a check to:

NFHCA
 P.O. Box 49098
 Colorado Springs, CO 80949

Questions? Email NFHCA executive director, Cate Clark at cate.clark@nfhca.org.

NFHCA Annual Convention Scholarship Fund Donation Form

Contact Information

Full Name: _____

Email Address: _____

Address (1): _____

Address (2): _____

City: _____

State: _____

Zip Code: _____

Tell us more about yourself! (Circle one.)

- I’m a current or former coach
 I’m a current or former player, not a coach
 I’m a parent of a coach or player
 I’m a field hockey fan
 Other

Donation Information

	Quantity		Total Payment
Donation Amount		x \$300.00	

Would you like to name this/these scholarship(s) in honor of someone? (Circle one.) Yes No

If yes, please provide the following information.

Honoree’s Full Name: _____

Honoree’s Email Address (if applicable): _____

Would you like to subscribe to the NFHCA’s weekly email newsletter? (Circle one.) Yes No

Checks should be made payable to: NFHCA

Please note “NFHCA Annual Convention Scholarship Fund” in the memo line.

Thank you for helping to provide professional development opportunities to our coaches.