



**Jewish Senior Services®**

*excellence in our home and yours*

# DONATION FORM

## Donor Information

Mr    Mrs    Ms    Dr    Mr and Mrs    Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

In memory of    In honor of: (Name) \_\_\_\_\_

## Recipient Information

Notify the following person of this donation:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## Payment Information

Check enclosed, made payable to Jewish Senior Services

Please charge my credit card:    MasterCard    Visa    American Express

Name on card \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

*Submit this form in one of three ways:*

**FAX** to 203-396-1112   •   **EMAIL** scanned form to eosowski@jseniors.org

**MAIL** this completed form along with payment to:

Jewish Senior Services, Attn: Foundation, 4200 Park Avenue, Bridgeport, CT 06604

Contact the Foundation office with any questions at 203-364-6407 or eosowski@jseniors.org