



Jewish Senior Services®

excellence in our home and yours

DONATION FORM

Donor Information

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In memory of In honor of: (Name) _____

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Notify the following person of this donation:

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Payment Information

Check enclosed, made payable to Jewish Senior Services

Please charge my credit card: MasterCard Visa American Express

Name on card _____

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Signature _____

Submit this form in one of three ways:

FAX to 203-396-1112 • **EMAIL** scanned form to amoreno@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 203-396-1000 or amoreno@jseniors.org