

*For Your Future Use Throughout the Year...*

WOMEN'S AUXILIARY

# Contribution Form

Please complete this form and return to the Women's Auxiliary.

***Donor Information:***

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

***Recipient Information:***

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Telephone Number \_\_\_\_\_

***Occasion:***

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

***Fund Selection:***

**BELLE CONE LIBRARY FUND** (Minimum contribution \$10)  
Purchases large-print books and specially-adapted reading materials for the Residents Library

**CHAI CERTIFICATE FUND** (Minimum contribution \$18 and multiples of \$18 thereafter)  
Funds the ongoing needs of transporting Residents to programs within Jewish Senior Services

**FLOWER FUND** (Minimum contribution \$10)  
Enables the Auxiliary to purchase fresh flowers weekly for all Households

**TRIBUTE FUND** (Minimum contribution \$10)  
Funds off-site activities for Residents including trips to local theaters, museums, sporting events, etc

***Payment Method:***

Check Enclosed       MasterCard       Visa       American Express

Name on Card \_\_\_\_\_

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

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

*Thank you for contributing to the Women's Auxiliary!*

Please make checks payable to Women's Auxiliary and mail this form along with payment to:  
Jewish Senior Services • Attn: Women's Auxiliary • 4200 Park Avenue • Bridgeport, CT 06604

For additional information, please call (203) 365-6407 or contact [sfreed@jseniors.org](mailto:sfreed@jseniors.org)