



200 Hawthorn Street
New Bedford, MA 02740

Phone: 508-997-9314
Fax: 508-996-3664

**You can print this form and then complete it by hand.
Or, you can complete this form on-screen by typing in the fields and then print.**

I would like to make a gift of \$ _____ to the **New Bedford Jewish Convalescent Home.**

We can only accept check or money order donations at this time.

Single donation: \$ _____

Pledge -	
Year #1: \$ _____	Year #4: \$ _____
Year #2: \$ _____	Year #5: \$ _____
Year #3: \$ _____	
Please send reminders (<i>check one</i>):	
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
Company matching gift? (<i>check one</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide company name and contact: _____	

Enclosed is my check for: \$ _____

Please bill me the remaining yearly contributions as indicated above.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Mail your contribution to:
Greater New Bedford Jewish Convalescent Home
200 Hawthorn Street
New Bedford, MA 02740
Attn: Carol A. Trudeau, Administrator

Make Checks Payable to: Greater New Bedford Jewish Convalescent Home

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