**Yes,** I would like to make a tax-deductible donation to Jersey City Medical Center

## Here is my gift of: $_____ Gift Designation: _____

☐ Enclosed is my check made payable to: Jersey City Medical Center Foundation

☐ Visa ☐ Amex ☐ MasterCard ☐ Discover

**Card Number** _____

**Exp. Date** _____ **Sec. Code** _____

**Name on Card** _____

**Signature** _____

**Go green!**
**Give online at**
**rwjbh.org/jcmcgivenow**

**Your Name**_____

**Email** _____ **Phone** _____

**Address** _____

**City**_____ **State** _____ **Zip** _____

☐ I would like to make this a monthly gift! Please charge my credit card $ _____ monthly.
(min. $10 per month)
Your credit card will be automatically charged at the beginning of each month. A record of each gift will appear on your statement and will serve as your receipt. This agreement will remain in effect until you have given notice to discontinue.

☐ My gift will be matched by: ☐ I wish to remain anonymous

_____
(Please include Corporate Matching Gift Form)

☐ Please designate my gift: ☐ In Honor of: ☐ In Memory of:

**Name** _____

**Relationship to Honor/Memorial** _____

**Please Notify** _____

**Address** _____

**City** _____ **State** _____ **Zip** _____

## Are you a visionary?

Consider remembering Jersey City Medical Center in your estate plans.

☐ Please send me information about including Jersey City Medical Center in my will/estate plans.

☐ I have already included Jersey City Medical Center in my estate plans.

*Inquiries are confidential and without obligation.*

Jersey City Medical Center | RWJBarnabas HEALTH

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Jersey City Medical Center is deeply grateful for the support of our friends in the community. The Foundation is a 501(c)(3) not-for-profit organization; our Federal Tax ID #22-3113911