

# Yes, I would like to make a tax-deductible donation to Newark Beth Israel Medical Center

Here is my gift of: \$ \_\_\_\_\_ Gift Designation: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City/State/Zip

## Payable

☐ Enclosed is my check made payable to: Newark Beth Israel Medical Center

Please choose **ONE**: Credit Card type: MC ☐ Visa ☐ Amex ☐ Discover ☐

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Name on Card: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

## Gift Designation

Please choose (you can choose multiple):

☐ 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: (please print) \_\_\_\_\_

Relationship to Honor/Memorial: \_\_\_\_\_

Please Notify: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/State/Zip

## Are you a visionary?

Consider remembering Newark Beth Israel Medical Center in your estate plans.

☐ Please send me information about including Newark Beth Israel Medical Center in my will/estate plans.

☐ I have already included Newark Beth Israel Medical Center in my estate plans. *Inquiries are confidential and without obligation.*

Newark Beth Israel Medical Center is deeply grateful for the support of our friends in the community. Newark Beth Israel Medical Center is a 501(c)(3) not-for-profit organization; our Federal Tax ID #22-3452311

**RWJBarnabas**  
HEALTH | Newark Beth Israel  
Medical Center

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