

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

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

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

Visa     Amex     MasterCard     Discover

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

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

Signature \_\_\_\_\_

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 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.*

**Go green!**  
**Give online at**  
[rwjbh.org/nbimcgivenow](http://rwjbh.org/nbimcgivenow)