

Mail-in Donation Form

Name:				
Address:				
City:			State:	Zip:
Tel.#:		_Email:		
□ Please accept my	y check for \$	_ as a donat	ion to the Activity	Fund.
Checks shou as the mem-	uld be made payable to t o.	he Chelsea .	Jewish Lifecare w	ith Activity Fund noted
□ Please bill my cre	edit card in the amount o	of \$	as a donation	n to the Activity Fund.
	Visa 🛛 Master	r Card	□ American Ex	press
Acct.#:			Exp. D	ate:
Signature:				
	Jewish Lifecare is a 501 All donations will	l receive a w	vritten receipt.	
PLFASE RE	TURN THIS FORM WITH	YOUR PRFF	FRRED FORM OF I	PAYMENT TO:

LFCL Activity Fund | 165 Captains Row | Chelsea, MA 02150

THANK YOU