

Mail-in Donation Form

Name:				
Address:				
City:			_ State:	Zip:
Tel.#:		Email:		
Donation to be cred	ited to:			
	(walker's name o	or team)	
☐ Please accept my	y check for \$	as a donation	on to WALK for	LIVING.
•	Checks should be m with WAL	ade payable to t K <i>for</i> LIVING not		
☐ Please bill my cre	edit card in the amou	nt of \$	as a donati	on to WALK <i>for</i> LIVING.
	Visa 🗆 Mas	ster Card	☐ American	Express
Acct.#:			Exp.	Date:
Signature:				

Chelsea Jewish Lifecare is a 501c3 organization as recognized by the IRS.

All donations will receive a written receipt.

PLEASE RETURN THIS FORM WITH YOUR PREFERRED FORM OF PAYMENT TO:

WALK for LIVING | 165 Captains Row | Chelsea, MA 02150

THANK YOU