

We are passionate about the quality of aging. The services we provide support health, individuality and dignity. Our mission is lifecare.

Yes, I/we want to support *The Jewish Home & Hospital Lifecare System*. Enclosed is my tax-deductible contribution of:

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other _____

Please charge my MasterCard/Visa/American Express # _____ Exp. Date _____

Signature (Required) _____

Please allocate my contribution to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Where most needed | <input type="checkbox"/> Manhattan Division Nursing Home | <input type="checkbox"/> Bronx Division Nursing Home |
| <input type="checkbox"/> Sarah Neuman Center for Healthcare & Rehabilitation | <input type="checkbox"/> Services to elders in their own homes | <input type="checkbox"/> Kittay House |

I would like my gift to be: In Memory of _____ In Honor of _____

Please Notify: Name _____

Address _____

- Please send me information on remembering *The Jewish Home & Hospital Lifecare System* in my will.
- Please send me information about gifts that return lifetime income and offer tax benefits.
- I am interested in making a gift of appreciated securities. Please call me with instructions.
- I have/plan to include *The Jewish Home & Hospital Lifecare System* in my estate plan.

Name _____ Address _____

City _____ State _____ Zip _____

Work Phone _____ Evening _____

Fax _____ E-Mail _____

Please make checks payable to *The Jewish Home & Hospital Foundation*. All gifts to *The Jewish Home & Hospital Lifecare System* are tax deductible to the full extent of the law.