



OUR DOORS ARE OPEN TO THE ENTIRE COMMUNITY

THANK YOU

for your

contribution to JFS.

Please fill out this form

and kindly mail to:

JFS

720 ROUTE 17M

MIDDLETOWN, NY

10940

TITLE (optional)	FIRST Name	LAST Name
TITLE (optional)	FIRST Name	LAST Name
STREET ADDRESS		
CITY	STATE	ZIP

optional:

This gift is intended to support:

- Programs that are in the greatest need Programs for older adults
- Programs for children / youth Counseling Services
- Programs for those with developmental disabilities
- Financial Assistance for Families and Individuals in Crisis

optional:

- This gift is in memory of _____
- This gift is in honor of _____

Please let us know if we should notify someone of your gift

TITLE (optional)	FIRST Name	LAST Name
STREET ADDRESS		
CITY	STATE	ZIP

What comment should we express if any:

- Do not include my name in publications or donor listings