

Mail-in Donation Form

Name:			
Address:			
City:		State:	Zip:
Tel.#:	Email: _		
☐ Please accept m	y check for \$ as a doi	nation to ALSRI.	
Checks show memo.	uld be made payable to the Chels o	ea Jewish Lifecare	e with ALSRI noted as th
□ Please bill my cre	edit card in the amount of \$	as a dona	tion to ALSRI.
	Visa	☐ American	n Express
Acct.#:		Ехр	o. 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:

ALSRI | 165 Captains Row | Chelsea, MA 02150

THANK YOU