



SHARSHERET®

Your Jewish Community Facing Breast Cancer

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE _____

\$10,000 \$5,000 \$1,000 \$500

\$360 \$180 \$100 Other: _____

ENCLOSED IS MY CONTRIBUTION IN THE AMOUNT OF \$ _____ PAYABLE TO SHARSHERET.

PLEASE CHARGE MY

VISA MASTERCARD AMEX

CARD NUMBER _____

EXPIRATION DATE _____ CVV CODE _____

SIGNATURE _____

MY EMPLOYER HAS A MATCHING GIFTS PROGRAM.
I HAVE ENCLOSED THE APPROPRIATE FORM.

I HAVE INCLUDED SHARSHERET IN MY ESTATE PLANS.

MY GIFT IS IN MEMORY OF _____

MY GIFT IS IN HONOR OF _____

PLEASE SEND ACKNOWLEDGMENT OF MY GIFT TO:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PLEASE SEND ME INFORMATION ABOUT SHARSHERET.

PLEASE SEND INFORMATION ABOUT SHARSHERET TO:

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP _____

HOW DID YOU HEAR ABOUT SHARSHERET? _____

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Teaneck, NJ 07666
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www.sharsheret.org

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Thank you for your support.