

Yes, I want to help!

Please accept my check in the amount of: (memorial tribute information below)

\$500 **\$250** **\$100** **\$50** **\$30** **Other \$** _____

Please bill my: Visa Mastercard American Express

Please send me information on planned giving (including CPNJ in your will or giving through securities, annuities, real estate, etc.)

Card Number _____ Expiration Date _____

_____ State _____ Zip _____

Many companies match gifts made by their employees. Please check with your employer to learn if your gift qualifies for a match and include this form in the envelope with your donation. All donations are tax deductible to the extent permitted by law. Thank you.

If you would like to make your gift in honor or memory of someone and you would like us to send a gift notification, we need the following information: (Please be certain to indicate exactly how you would like all names to appear on the acknowledgement. Please **Print** so we can ensure a prompt and correct response.)

In honor of: _____

In memory of: _____

Send notification to: _____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Please return your tax-deductible contribution to: Cerebral Palsy of North Jersey
515 Valley Street • Maplewood, NJ 07040