

# DONATE A CHAIR PLAQUE FOR \$75



## PLAQUE TO READ:

( \_\_\_\_\_ )

**DONOR'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Print and mail completed form with credit card information or check payable to Beth Israel to P.O. Box 5203  
Sun City Center, FL 33571

**Reminder:** \_\_\_\_\_ Check here if you have already prepaid online. Do not fill in the information requested below.

Payment Information: Amount \_\_\_\_\_

Credit Card: Visa Master Card Discover American Express

Card Number: \_\_\_\_\_ (no spaces or dashes)

Expiration Date: \_\_\_\_\_ (mm/yy)

Card CVV Code: \_\_\_\_\_ 3 or 4 digit code

(bcbc 11/15)  
(nrm 8/18)