

MAIL-IN DONATION FORM

YES! I want to support the East Windsor Township Rescue Squad District II Inc

Please accept my gift of \$ _____

Name(s) of Donor: _____

Organization (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Tel: _____

_____ My check is enclosed (Please make payable to

**East Windsor Township
Rescue Squad District II Inc**

_____ Please charge my gift to this credit card:

Credit Card Number

Exp. Date

This contribution is being made *(Please check one)*: _____ In Honor _____ In Memory

Honoree's Name: _____

Please notify the following individual(s) of my gift to the

**East Windsor Township
Rescue Squad District II Inc**

Name (s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ *(only if preferred method of notification)*

Personal Message: _____

THANKS FOR YOUR SUPPORT!