

# NewBridge Services, Inc.

## Donation Form

Yes, I want to be a philanthropic leader!

Enclosed is my a tax-deductible contribution.

Enclosed is my gift in the amount of:  \$25  \$50  \$100  \$500  \$1000  \$5000  Other \_\_\_\_\_

I want to make a donation directly from my credit card. (Please fill out form below.)

I want to make a **monthly** donation directly from my credit card. (Please fill out form below.)

I have a family foundation I would like to discuss with NewBridge.

Please contact me about including NewBridge in my estate plans.

This donation is  In Memory of  In Honor of (Name) \_\_\_\_\_

I would like NewBridge to notify the family of my gift. Their address is: \_\_\_\_\_

Name: \_\_\_\_\_

Company name: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Phone Work: \_\_\_\_\_

Email: \_\_\_\_\_

Please bill my:  Visa  MasterCard  Discover

Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

I want to make a monthly donation of \$ \_\_\_\_\_ directly from my credit card.

Mail this form to:

NewBridge Services  
PO Box 336  
Pompton Plains, NJ 07444  
Att: Director of Development



Helping People  
Move Forward