Memorial Donation Form

For your convenience, the Masonic Charity Foundation of NJ accepts gifts of cash, checks, credit cards, and direct debit. Please print this form, complete the information below, and then mail a copy of this form with your payment to the address below.

Your information:

Name: _____

Address: _____

Telephone number: _____

E-Mail address: _____
(We will e-mail your acknowledgement; if you do not provide an e-mail address, we will mail the acknowledgement letter to you.)

Payment amount: $_____

Memorial Information:

Gift made in memory of: _____

Please send acknowledgement to:

Name: _____

Address: _____

If you would like to charge to your **credit card** or request a **direct debit from your checking or savings account**, please also complete all of the information below:

For credit card charges:

Payment type: Visa Mastercard Discover
(Circle One)

Card # _____

Expiration date _____

For direct debit from checking/savings account:

Account type: Checking Account Savings Account
(Circle One)

Routing number: _____

Account number: _____

Note: Please contact your financial institution for routing number.

By signing this form, I/we agree to the terms and conditions above and allow the Masonic Charity Foundation to charge my credit/debit card or to directly debit my checking/savings account for the amount specified above.

_____ _____
Signature Date signed

Please complete this form and mail it to:

Masonic Charity Foundation of NJ
902 Jacksonville Road
Burlington, NJ 08016-3896
For more information about this program, please call 1(800) 792-8690.
Thank you!