



West Essex First Aid Squad, Inc.
PO Box 662, West Caldwell, NJ 07007-0662

MAIL-IN DONATION

Please accept my gift of \$ _____

Name(s) of Donor: _____

Organization (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Account: _____

(If you are making a donation in response to our mailed fund drive, please enter your account number which is located under the bar code at the bottom of our letter.)

Email Address: _____ Phone: _____

_____ My check is enclosed (Please make payable to West Essex First Aid Squad)

_____ Please charge my gift to this debit/credit card:

Name as it appears on Card: _____

Credit Card No: _____ Exp Date (mm/yy): _____

Security Code: _____ Email (for receipt): _____

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

Honoree's Name: _____

Please notify the following individual(s) of my gift to the West Essex First Aid Squad.

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ (only if preferred method of notification)

Personal Message: _____

THANKS FOR YOUR SUPPORT

The West Essex First Aid Squad is a 501(c)(3) non-profit corporation.
Our NJ Charitable Registration Number is CH0676300
Our Federal Tax Identification Number is 22-6066839