# Yes,

# I want to help Hatzolah continue their lifesaving work.

☐ I would like to become a Platinum Sponsor of Hatzolah by pledging $50 a month.
☐ I would like to become a Gold Sponsor of Hatzolah by pledging $36 a month.
☐ I would like to become a Silver Sponsor of Hatzolah by pledging $25 a month.
☐ I would like to become a Sponsor of Hatzolah by pledging $18 a month.
☐ I would like to become a Sponsor of Hatzolah by pledging $_____ a month.

Hatzolah of Passaic/Clifton EMS is a 501(c) (3) Tax Exempt Organization. All donations are tax deductible.

☐ Bill me monthly

Name: _____ Address: _____ Phone: _____

☐ Bill my credit card

Name as it appears on card:_____

☐ Visa ☐ MasterCard ☐ American Express

| Card Number | | | | | | | | | | | | | | | | Exp. | | | | | CVC | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | Month | | Year | | | | | | |

Billing Address: _____ Apt. Number: _____ City:_____

Zip:_____ Phone Number:_____ eMail:_____

By signing below, I acknowledge that Hatzolah of Passaic/Clifton EMS will charge my credit card on the first of each month the dollar amount of the choice selected above. I understand that I have the right to discontinue this program at anytime that I desire.

Signature: _____

Hatzolah of Passaic/Clifton EMS
PO Box 5120, Passaic, NJ 07055
973-685-4911 – Office | 973-215-2445 - Fax