

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

Enclosed is my gift of \$_____

Please charge to: American Express MasterCard Visa

Credit Card # _____ Exp. Date _____

Signature _____ V-Code _____

Please designate this gift to:

- Greatest Need
- Rehabilitation Research
- Employment Initiatives & Community Programs

This is a tribute gift: in memory of: in honor of:

Name _____

Occasion: _____

Please notify the following person of this gift (amount is not mentioned):

Name _____

Address _____

City/State/Zip _____

- I have included Kessler Foundation in my will.
- My company will make a matching gift (form enclosed).
- Please do not list my name in any donor listings.

Please make check payable to Kessler Foundation.

To make your gift or pledge, please mail this form to:

Kessler Foundation
300 Executive Drive, Suite 150
West Orange, NJ 07052-3390

**For additional information call the Foundation at (973) 324-8362.
Your gift is tax deductible to the full extent of the law.**