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Care Devotion Security Hope
Comfort Motivate Support
Concern Kindness Care
Devotion Security Hope
Comfort Motivate Support
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Yes, I want to help by supporting the Gurwin Jewish Healthcare Foundation.

- Champion: \$1000-\$4999 Leader: \$500-\$999 Partner: \$250-\$499
 Friend: \$100-\$249 Supporter: \$50-\$99 Other: \$ _____

I have enclosed a check for \$ _____

Please charge \$ _____ to my Visa MasterCard American Express

Card # _____ Expiration _____

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Make check payable to:
Gurwin Jewish Healthcare Foundation
68 Hauppauge Road
Commack, NY 11725
(631) 715-2571

