



To make a donation to Clara Maass Foundation, simply print this form, complete and return with your check or credit card information to:

Clara Maass Foundation
One Clara Maass Drive
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Tel: 973-450-2277
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Name: _____

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(Please list your name/title/organization as you would like it to appear in recognition material.)

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Enclosed is my gift to Clara Maass Medical Center for: _____ \$500 _____ \$250 _____ \$100
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Please make checks payable to Clara Maass Foundation.

Please charge my: _____ Visa _____ Mastercard _____ American Express

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