



Donation Form

Gift Amount

- \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$_____

Fund Allocation

- Resident Care Fund Senior Wellness Fund
 Tapestries Memory Care Fund Area of Greatest Need

Donor Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Please make checks payable to United Methodist Communities Foundation. For securities transfer information call 732-922-9802 ext. 2121 or email foundation@umcommunities.org.

Tribute Gifts

This is a gift in memory in honor of name: _____

Please send acknowledgement of my contribution to:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Church Credit

- Please credit my gift to the following GNJAC United Methodist Church:

Complete Church Name: _____
City: _____ State: _____

Please send me information about:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Bequests | <input type="checkbox"/> Charitable Gift Annuities | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Charitable Trusts | <input type="checkbox"/> Gifts of Securities | _____ |
| <input type="checkbox"/> Gifts of Real Estate | <input type="checkbox"/> Volunteer Opportunities | _____ |
| <input type="checkbox"/> Gifts of Life Insurance | <input type="checkbox"/> Gifts of Retirement | _____ |