Clear Form

New Jersey Health
Charitable Gift Fund
A New Jersey Health Affiliate

Donor-Advised Fund – Additional Contribution Form

Thank you for considering a gift to New Jersey Health Charitable Gift Fund. Please complete this form to make an additional contribution to an established donor-advised fund. When complete, mail this form with your payment to:

New Jersey Health Charitable Gift Fund
155 Village Blvd
Suite 130
Princeton, NJ 08540

About my gift:

Please direct my gift to an existing Donor-Advised Fund _____
Donor-Advised Fund Name

My total gift amount is $_____

- ◯ This gift is in honor of _____
- ◯ This gift is in memory of _____

If you would like us to notify someone of your tribute gift, please provide the information in the section below:

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

How would you like your name to appear as the donor of this tribute gift (i.e., Joe and Jane Smith, Mr. & Mrs. J. Smith, Joe Smith, etc.)

Gift from: _____

Your Personal Information:

First Name_____ Last Name _____

Spouse's Name _____

Home Address _____

City _____ State_____ Zip Code _____

Phone _____ E-mail address _____

☐ I wish my gift to be anonymous.

☐ My organization has a matching gift program. If so, please send the appropriate forms to:
New Jersey Health Charitable Gift Fund
155 Village Blvd
Suite 130
Princeton, NJ 08540

The Fund will send receipts and other communication to your home address unless you indicate otherwise in the box below.

☐ Do not mail to my home; mail to address below

Organization _____

Address _____

City _____ State_____ Zip Code _____

Payment Information – Please indicate your method of payment

◯ Check or money order enclosed payable to New Jersey Health Charitable Gift Fund. Mail to:
New Jersey Health Charitable Gift Fund
155 Village Blvd
Suite 130
Princeton, NJ 08540

◯ Please charge my credit card:

◯ Visa ◯ American Express ◯ Mastercard ◯ Discover

Gift amount $ _____

Account Number _____ Security Code _____ Expiration Date _____

Name on card _____

Signature _____

Cardholder Address _____

City _____ State _____ Zip _____

◯ Cash wire - Instructions for cash:
Amboy National Bank
Account #171271
Routing #021204416
Account of NJ Health Foundation

◯ Stock transfer - Instructions for DTC Eligible Securities:
DTC #0954/Mellon
Agent Bank #26017, Inst. ID#93752
For: NJ Health Foundation /Acct #NJHF1005002
Attn: Stephen Kirsch

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