



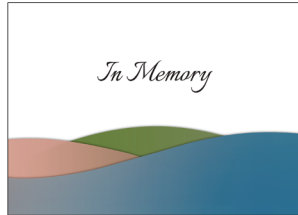
Tribute Card Order Form

Give a Gift of Love!

Please complete this page and FAX or MAIL to the location below so we may process your order promptly.

Card Selection

- ☐ Thank You
- ☐ Mazel Tov
- ☐ In Honor
- ☐ In Memory
- ☐ Get Well
- ☐ Happy Birthday
- ☐ Generic



Please include this message:

Recipient Information (send this card to)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Enclosed is my/our donation in the amount of: \$ _____

Make checks payable to the LAJHealth

Donated By

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Payment Information

Payment type: ☐ Check ☐ Visa ☐ MasterCard ☐ AmEx

Name on card _____ Signature _____

Card number _____ Exp.date _____

Please credit this gift to the following support group: _____

FAX your completed form to
LAJHealth at:
818.342.0881

- or -

Mail your form to:
LAJHealth
Fund Development Department
7150 Tampa Avenue
Reseda, CA 91335

Tribute cards are mailed promptly and indicate a donation has been made to LAJHealth. The amount of the donation will not be disclosed to the recipient. Donors will receive a separate thank you acknowledgement for their contribution.

Questions or concerns about your order? Please call us at 818.774.3338.