

Membership Form

Thank you for becoming a member or renewing your annual membership with the Daughters of Sarah Auxiliary. With your support, the Auxiliary can continue to engage in special projects that are meaningful to the residents and their families.

Name _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- | |
|--|
| <input type="radio"/> Annual Contributing Member \$36.00 |
| <input type="radio"/> Life Member \$180.00 |

Payment Options:

- Enclosed is my _____ Annual Contributing Membership in the amount of \$_____.
(please enter year)
- Enclosed is my Life Membership in the amount of \$_____.
- Enclosed is my Other Donation in the amount of \$_____.

In Memory of / In Honor of

Enclosed is my check made payable to:

Daughters of Sarah Auxiliary

c/o Daughters of Sarah Jewish Foundation

180 Washington Ave Ext

Albany, NY 12203

Please charge my: VISA MasterCard AmEx Discover Card

Name on credit card _____

Credit Card # _____ Exp _____

Signature _____

Please mail this form with your payment to

Daughters of Sarah Auxiliary

c/o Daughters of Sarah Jewish Foundation

180 Washington Ave Ext, Albany, NY 12203

fax (518) 724-3299 or email to foundation@dosscc.org

180 Washington Avenue Ext. • Albany, NY 12203 • Phone (518) 724-3260 • Fax (518) 724-3299

For more information contact: Barbara Wachs at bawachs@aol.com or (518) 669-2189

www.daughtersofsarah.org