

For the year Jan 1 – Dec. 31, 2017 or other tax year beginning and ending XYZ N0. 1234-5678

Your first name	Last name	Spouse's first name (if applicable)
Phone number	E-mail	Your ID No. (If known)
Home address (number and street)	Apt. No.	For help in filling out this form please contact Luise Burman
City, State and ZIP code	At (phone number)	

Yes	No

Chapter Board  
Appreciation Fund

→ Would you like to donate \$5 in appreciation of our Hadassah Team? If so, please place an X in the "yes" box.

Reminder: Please "tax" yourself as generously as possible. Only through your support can Hadassah continue to provide state-of-the-art medical care, educational and social programs.

		Suggested Value	Donation
Filing Status	I have __ living Parents.....	\$2.50 ea.	<i>Note: checking "yes" will increase your overall donation by \$5.</i>
	I have __ Children.....	\$2.00 ea.	
	I have __ Brothers.....	\$2.00 ea.	
	I have __ Sisters.....	\$2.00 ea.	
	I have __ living Grandparents.....	\$3.00 ea.	
	I have __ Grandchildren.....	\$3.00 ea.	
	I have __ Nieces/Nephews.....	\$1.75 ea.	
	I have __ Friends.....	\$1.75 ea.	
	I have __ Pets.....	\$1.75 ea.	
	I have no Pets.....	\$1.00	
Taxable Holdings	I live in a house.....	\$2.50	_____
	I live in a condo/townhouse.....	\$2.50	_____
	I live in an apartment.....	\$2.00	_____
	I have __ TV sets/VCRs.....	\$1.75 ea.	_____
	I have __ stereos/radios/CD players...	\$1.75 ea.	_____
	I have __ telephones/fax.....	\$1.75 ea.	_____
	I have a dishwasher/washer/dryer ....	\$1.50	_____
	I have a "full" refrigerator.....	\$1.75	_____
	I have __ cars.....	\$1.75 ea.	_____
	I have a savings/retirement acct.....	\$2.00 ea.	_____
	I have a job.....	\$1.75	_____
	I have a job I like.....	\$3.00	_____
	I am a Life Member of Hadassah.....	\$2.00	_____
	I have __ Life Members in my family.	\$1.50 ea.	_____
	I have __ Associates in my family...	\$1.50 ea.	_____
Extra Blessings.....	\$????	_____	
If "yes" box is checked add Chapter Board Appreciation Fund...	\$5.00	_____	

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Please count your blessings and “tax” yourself accordingly.

Total Donation \_\_\_\_\_

Please send your check made out to Tampa Ameet Chapter of Hadassah and mail to Luise Burman, Treasurer.

CHARITABLE SOLICITATION DISCLOSURE STATEMENTS  
HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF  
AMERICA, INC. 50 West 58th Street – New York, NY 10019  
Telephone: (212) 355-7900 FL: A COPY OF THE OFFICIAL  
REGISTRATION AND FINANCIAL INFORMATION FOR  
HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF  
AMERICA, INC. (#SC-1298) AND HADASSAH MEDICAL RELIEF  
ASSOCIATION, INC. (#SC-4603) MAY BE OBTAINED FROM  
THE DIVISION OF CONSUMER SERVICES BY CALLING  
TOLL-FREE WITHIN THE STATE, 1 (800) HELPFLA.