

YES! I want to help the Foundation build
STRONGPOINT THEINERT RANCH

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ TELEPHONE _____

☐ CHECK ENCLOSED (payable to **Joseph J. Theinert Memorial Fund**) _____

☐ VISA ☐ AMEX ☐ MC AMOUNT \$ _____

CARD NO. _____ EXPIRATION _____ CVC _____

SIGNATURE _____

PLEASE REMIT PAYMENT TO: **Joseph J. Theinert Memorial Fund**, Box 1650, Mattituck NY 11952

For more information please call 631-697-6447, email president@rememberourjoes.org,
or visit www.rememberourjoes.org

*The Internal Revenue Service has confirmed that the Joseph J. Theinert Memorial Fund, Inc.
is a 501c(3) organization, Federal Tax ID #27-5268256*