



JEWISH COMMUNITY FOUNDATION

Your Community. Your Legacy. Your Way.



Donation Form

I/We would like to make a gift of:

\$5,000 \$1,800 \$1,000 \$500 \$250 \$100 Other: _____

Please add this gift to the following fund (enter fund name if applicable): _____

Donor Information:

Mr. Mrs. Ms. Dr.

Your Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____ E-mail: _____

Tribute Gifts:

This gift is in honor of in memory of: _____

Please send acknowledgment to:

Mr. Mrs. Ms. Dr.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____ E-Mail: _____

Your special message (optional): _____

Method of Payment:

Please make check payable to the Jewish Community Foundation.

Visa MasterCard American Express

Credit Card #: _____ Cardholder Name: _____

Exp. Date: _____ Cardholder Signature: _____ Security Code:*

*Visa/Mastercard: 3 digit code on back of card; American Express: 4 digit code on front of card.

I would like additional information about: _____