

Gift Form

I/We would like to make a gift of:

\$5,000* \$2,500 \$1,800 \$1,000 \$500 \$250 Other: _____

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

*Please contact me about creating a named fund.

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:

Enclosed is my check made payable to the Jewish Community Foundation.

Visa MasterCard American Express I would like to include the 2.5% transaction fee in my donation

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:

Bequests Charitable Life Income Gift Establishing a Named Fund Area of Interest Funds

Making a Gift of Stock Other _____