

DONATION/PLEDGE FORM

Date: _____ ID# _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

Email Address _____

Donation Amount: \$ _____ Weekly: \$ _____ Monthly: \$ _____

Payment Information:

Donation: _____ Pledge: _____ Pledge Payment: _____
 Payment Type:

Check: _____ AMEX: _____ MC: _____ Visa: _____ Discover: _____

Card Number: _____ Exp Date: _____

Signature: _____

Donation to credit:

_____ Program Support	_____ Higher Ground
_____ NCJW, Inc. (General Income)	_____ Endowments
_____ Plan A Campaign	_____ Fund for the Future
_____ BenchMark Campaign	_____ Israel
_____ Gift Annuity	
_____ Other (Describe): _____	

Notification:
 Donation In Honor/Memory of: _____

Please notify: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Message or Comments _____

MAIL TO: NCJW, Sarasota-Manatee
 6565 Gateway Ave. Suite C
 Sarasota FL 34231475R