



DONATION FORM

Jewish camps thrive because of your support. Please mail your gift with this form to Foundation for Jewish Camp, 253 West 35th St. 4th Fl., New York, NY 10001 or fax at 646-278-4501 Attn: Development Office.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

Donation Amount:

\$1,000 \$500 \$ 360 \$180 \$100 Surprise Us _____

Check Enclosed

Credit Card # _____ Exp. Date: _____ Security Code _____

Signature _____

Does your employer participate in a matching gift program? Please check with your HR.

This contribution is a tribute:

In Honor of _____

In Memory of _____

Message: _____

Please complete the following regarding the person you wish to receive notification of your gift.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____