



## DONATION FORM

Please complete this form and mail it to Foundation for Jewish Camp, 253 West 35<sup>th</sup> St. 4<sup>th</sup> Fl., New York, NY 10001 or fax at 646-278-4501 Attn: Corey Cutler.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Donation Amount:

\$1,000    \$500    \$ 360    \$180    \$100    \$54    \$36    Other \_\_\_\_\_

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: \_\_\_\_\_