

# Mail in Donation Form



## Donor Information (please print or type)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Fax | Email \_\_\_\_\_

## Donation Information

I am enclosing my check for: \$1000 \$500 \$250 \$100 \$50 \$25 other \$\_\_\_\_\_.

I prefer to use my VISA/MASTERCARD/DISCOVER

Credit card type | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

Form enclosed form will be forwarded

In Honor/Memory of (Name or Occasion) \_\_\_\_\_

## Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,  
or other donations payable to:

JEWISH COMMUNITY FOUNDATION OF  
CENTRAL PA  
3301 N. Front Street  
Harrisburg, Pennsylvania 17110