



DONOR INFORMATION

DONOR NAME _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE _____ HOME MOBILE

E-MAIL _____

TRIBUTE

If you'd like to make your gift in honor or memory of someone special, please complete this section.

IN HONOR OF IN MEMORY OF NAME: _____

ACKNOWLEDGMENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PAYMENT OPTIONS

ONE TIME GIFT AMOUNT: \$ _____

I'm enclosing my check made payable to the "Minnesota JCC"

Please charge my Credit Card/Debit Card (We will contact you for your credit card information.)

GIFT DESIGNATION

Your gift will be used where it is needed most, unless you choose a specific program/area:

General Operating Fund Endowment Fund (please specify): _____

Other (please specify): _____

OR BECOME A FRIEND OF THE J!

Your monthly gift can make a meaningful difference.

YES! Please bill my credit/debit card in the amount of \$ _____ per month. (We will contact you for your credit card information.)

YES! I would like to make a monthly gift in the amount of \$ _____ using my checking account.
I've attached a voided check from the account I would like to use.

Please mail completed form to:

Minnesota JCC | ATTN: Sara Greenberg | 1375 St. Paul Ave | St. Paul, MN 55116

