



National Council of Jewish Women

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, Inc.
475Riverside Dr, Ste 1901
New York, NY 10115

FAX: 212 645 7466
TEL: 800 829 6259 X104