



National Council of Jewish Women

# PROGRAM SUPPORT TRANSMITTAL FORM

updated as of 5/5/08

Date: \_\_\_\_\_ Section Name: \_\_\_\_\_

Section ID #: \_\_\_\_\_

Transmitted herewith is check number \_\_\_\_\_, payable to NCJW, Inc., to be distributed as follows:

1. <b>Section Treasury Remittance</b> .....	\$	_____
2. <b>Personal Giving Remittance</b> .....	\$	_____
<b>Total Amount Enclosed:</b>	\$	_____

Submitted by \_\_\_\_\_

Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Section Position \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE NOTE:** For proper credit, the first two copies of this form must accompany all checks to NCJW. Please retain the pink copy for your records.

**Checks should be made to NJCW and mailed to:**

**NCJW  
475 Riverside Drive, Suite 520  
NY, NY 10115**