



DONATION FORM

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

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: _____