DONATION FORM

Please print this form and return it to us by fax or mail.

FAX your completed form to:
(510) 704-7494
Attn: Development Department

MAIL your completed form to:
Development Department
Jewish Family & Community Services East Bay
2484 Shattuck Ave., Suite 210
Berkeley, CA 94704

I am making a tax-deductible gift in the amount of:
☐ $500 ☐ $250 ☐ $100 ☐ $36 ☐ $_______Other

I am joining the Kavod Society at the following level:
☐ Circle of Compassion ($25,000 and above) amount: __________________________
☐ Circle of Loving Kindness ($10,000 to $24,999) amount: ______________________
☐ Circle of Healing ($5,000 to $9,999) amount: ________________________________
☐ Circle of Comfort ($2,500 to $4,999) amount: ______________________________
☐ Circle of Life ($1,800 to $2,499) amount: _________________________________
☐ Circle of Caring ($1,000 to $1,799) amount: _______________________________

Your Name(s): ____________________________________________________________
Email: ________________________________________________ Phone: ____________
Address: __________________________________________________________________________
City/State/Zip: _______________________________________________________________________
☐ I wish to remain anonymous

Payment Options:
☐ Please charge my gift to: ☐ MasterCard ☐ VISA
Card #: __________________________ Exp. Date __________ Sec. Code __________
Name(s) on card __________________________ Signature _______________________
☐ My check payable to JFCS/East Bay is enclosed.

For Tribute Gifts: This gift is given . . .
in memory of __________________________________________ Name(s): ____________
in honor of __________________________________________ Address: ________________________
on the occasion of _______________________________________ City/State/Zip: _____________

I would like my gift applied in the following area(s)
☐ Where most needed ☐ Refugees Welcome Fund
☐ Holocaust Survivor Services ☐ Shabbat & Holiday Meal Program
☐ Jewish Community Safety Net ☐ Undocumented & Low-Income Children & Families
☐ LGBTI Refugee Services ☐ Volunteer Services
☐ Older Adult Services ☐ Other (please specify) __________________________