JEWISH FAMILY & COMMUNITY SERVICES
EAST BAY

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
2300 Clayton Rd., Suite 350
Concord, CA 94520

Federal Tax ID 94-3250304

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.

To donate stock, please use our Stock Donation form.

For Tribute Gifts: This gift is given . . .

in memory of _____

in honor of _____

on the occasion of _____

Please notify the following person(s) of this gift:

Name(s): _____

Address: _____

City/State/Zip: _____

Email: _____