

I'm in.

TELL US ABOUT YOURSELF

(Your personal information is kept confidential)

Last Name

First Name

MI

Home Address

City

State

Zip

Personal E-mail Address

Phone Number

HOME MOBILE

Spouse/Partner - to insure proper recognition

METHOD OF PAYMENT

CHECK ENCLOSED:

>>>

CHARGE MY CREDIT CARD:

>>>

BILL CARD
ON FILE

payable to:

I.J. & Jeanné Wagner
Jewish Community Center

Credit/Debit Card Number

(VISA, MC, AMEX, DISCOVER)

Exp Date

CVV Code

To make your donation online visit slcjcc.org/in

MAKE YOUR CONTRIBUTION

ONE TIME DONATION

in the amount of:

\$1,500

\$10,000

\$2,500

\$25,000

\$5,000

\$ _____
OTHER

or

REPEATING DONATION

as follows:

A SUM OF \$ _____

once every:

MONTH QUARTER YEAR

amounting to a:

TOTAL OF \$ _____

MATCHING CONTRIBUTION

Does your employer match
donations?

YES NO

Please enclose a signed
Matching Donation Form from
your employer if applicable

SIGNATURE REQUIRED TO PROCESS DONATION

I prefer to remain anonymous

OUR J. OUR FUTURE.



capital campaign