NCJW ROCKLAND DONATION FORM

First Name	(Donor name)
Last Name	
Address	
City/State/Zi	р
Home Phone	Cell Phone
Email	
Enclosed is n	ny tax-deductible gift of \$
Lifelosed is in	
I would like my donation applied toward:	
	In memory of
	In honor of
	General Donation for community service projects
	General Donation for advocacy, e.g. Abortion Access
	Other (Please list-for example Israel grants)

Please make checks payable to:

NCJW Rockland

Send to: NCJW Rockland, 35 Ross Ave, Spring Valley, NY 10977

If in memory of, or in honor of, recipient address for acknowledgement: Recipient

address



NCJW Rockland Section Email: <u>info@ncjw-rockland.org</u> 845-405-3331 Website: www.ncjw-rockland.org