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