NCJW ROCKLAND DONATION FORM

First Name (Donor name) _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Enclosed is my tax-deductible gift of $ _____

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 10977-6911

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

Recipient address _____

NCJW™ Rockland County Section

National Council of Jewish Women

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