



YES! I/We wish to support the work of Jewish Care (Victoria) Inc.

Please print out and complete this form and return it to
Jewish Care (Victoria) Inc on **fax 03 8517 5705** or post it together with your payment details to
619 St Kilda Road MELBOURNE VIC 3004

Date

Mr/Mrs/Ms/Dr.....First name.....Surname.....

Company name.....

Address.....

.....

Postcode..... Country..... Daytime phone.....

Email..... Website.....

Enclosed is my (please select one):

- Gift for Jewish Care Annual Appeal
- Annual membership (\$33 full, \$11 concession)
- Special occasion gift (birthday, bar/bat mitzvah, wedding, etc) Please specify _____
- Periodic donation; please debit my credit card \$ _____ on the ____ day of every month
- Payment for Jewish Care event Please specify _____
- General donation/gift Amount \$ _____

My cheque is enclosed. Please make cheques payable to Jewish Care (Victoria) Inc

OR

Please debit my credit card

- Bankcard
- Mastercard
- VISA
- AMEX
- Diners

Card number

Expiry date.....

Cardholder's name.....

Signed.....

Please return to:
Jewish Care (Victoria) Inc
619 St Kilda Road
MELBOURNE VIC 3004
Ph: 038517 5602 Fax: 03 8517 5705
Email: fundraising@jewishcare.org.au

All donations over \$2 are tax deductible.

