



DONATION FORM

PRINT/FAX /POST

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 _____
- Continuing donation
- 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.....

All donations over \$2 are tax deductible.

צדקה - tzedakah - charity, חסד - chesed - kindness, דרך ארץ - derech erez - respect,
משפחה - mishpacha - family, צדקה - tzedakah - charity, חסד - chesed - kindness,
דרך ארץ - derech erez - respect, משפחה - mishpacha - family, צדקה - tzedakah -