



MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

DONOR NAME (FIRST NAME AND LAST NAME): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

TELEPHONE NUMBER: _____ ☐ HOME ☐ MOBILE

TRIBUTE – If you would like to make your gift in honor or memory of someone special, please complete this section.

☐ IN HONOR OF ☐ IN MEMORY OF NAME: _____

ACKNOWLEDGMENT NAME: FIRST NAME AND LAST NAME): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PAYMENT OPTIONS

ONE TIME GIFT AMOUNT: \$ _____

☐ I'M ENCLOSING MY CHECK MADE PAYABLE TO THE "STAMFORD JCC"

☐ PLEASE CHARGE MY CREDIT/DEBIT CARD:

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

CARDHOLDER'S NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ CVV: _____

SIGNATURE: _____

OR Become a JCC Champion!

Your monthly gift can make a meaningful difference.

☐ YES! Please bill my credit/debit card in the amount of \$_____ per month.

☐ YES! I would like to make a monthly gift in the amount of \$_____ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling 203-487-0943.

GIFT DESIGNATION – Your gift will be used where it is needed most, unless you choose a specific program/area:

☐ Capital Improvement Fund ☐ General Operating Fund ☐ Scholarship Fund

☐ Other (please specify): _____

PLEASE MAIL THIS COMPLETED FORM TO: STAMFORD JCC | ATTN: DONATIONS | 1035 NEWFIELD AVENUE | STAMFORD, CT 06905