



## DONATION FORM

Please print this form and return it to us by fax or mail.

**FAX** your completed form to:  
(510) 704-7494  
Attn: Development Department

**MAIL** your completed form to:  
Development Department  
Jewish Family & Children's Services of the East Bay  
2484 Shattuck Ave., Suite 210  
Berkeley, CA 94704

I am making a tax-deductible gift in the amount of:

\$500    \$250    \$100    \$36    \$\_\_\_\_\_ Other

I am joining the Kavod Society at the following level:

Circle of Compassion (\$25,000 and above)  
amount: \_\_\_\_\_

Circle of Comfort (\$2,500 to \$4,999)  
amount: \_\_\_\_\_

Circle of Loving Kindness (\$10,000 to \$24,999)  
amount: \_\_\_\_\_

Circle of Life (\$1,800 to \$2,499)  
amount: \_\_\_\_\_

Circle of Healing (\$5,000 to \$9,999)  
amount: \_\_\_\_\_

Circle of Caring (\$1,000 to \$1,799)  
amount: \_\_\_\_\_

Your Name(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I wish to remain anonymous

### Payment Options:

Please charge my gift to:    MasterCard    VISA

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name(s) on card \_\_\_\_\_ Signature \_\_\_\_\_

My check payable to JFCS/East Bay is enclosed.

**For Tribute Gifts:** This gift is given . . .

in memory of \_\_\_\_\_

in honor of \_\_\_\_\_

on the occasion of \_\_\_\_\_

Please notify the following person(s) of this gift:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**I would like my gift applied in the following area(s)**

**Where most needed**

Suse Moyal Center for Older Adult Services

Holocaust Survivor Services

Parenting & Youth Services

Refugee & Immigrant Services

Counseling Services

Gateways Disability Services

Project Ezra (Emergency Financial Assistance)

Holiday Food Program

Other (please specify) \_\_\_\_\_