



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) _____