



JCCchicago

# Your Community Commitment

Name – Please print name(s) as you wish to be recognized in donor listings

Address

City

State

Zip

Phone

Email

## Gift Amount

\$36

\$100

\$180

\$250

\$360

\$500

other \_\_\_\_\_

I/we wish to remain anonymous

This gift is  in honor of:  in memory of: \_\_\_\_\_

Please acknowledge this gift (not amount) to:

Name

Address

City

State

Zip

I would like to designate this gift to:

Indicate program or area of interest

My check is enclosed. Please make checks payable to JCC Chicago.

Please accept my credit card payment.

VISA  Mastercard  Am Ex  Discover

Credit card number

Expiration Date

Print name of cardholder

V-Code

Billing address of cardholder

City

State

Zip

Signature of cardholder

Date

My company has a matching gift program \_\_\_\_\_  
Company Name

Matching gift form is enclosed  Matching gift form will follow

To find out if your employer will match gifts to JCC Chicago, go to [gojcc.org/match](http://gojcc.org/match)

Please accept the following pledge payment schedule:

Credit card information is required. All pledges must be fulfilled by June 30, 2015.

Monthly Equal payments of \$\_\_\_\_\_ Beginning on \_\_\_/\_\_\_/\_\_\_ and ending on \_\_\_/\_\_\_/\_\_\_

Quarterly First on \_\_\_/\_\_\_/\_\_\_ (\$\_\_\_\_\_) Second \_\_\_/\_\_\_/\_\_\_ (\$\_\_\_\_\_) Third \_\_\_/\_\_\_/\_\_\_ (\$\_\_\_\_\_) Fourth \_\_\_/\_\_\_/\_\_\_ (\$\_\_\_\_\_)

Semi-annually First on \_\_\_/\_\_\_/\_\_\_ (\$\_\_\_\_\_) Second \_\_\_/\_\_\_/\_\_\_ (\$\_\_\_\_\_)

I would like to make a gift of securities. Please contact Addie Goodman at 224.406.9215.

Please return completed form to JCC Chicago, Development Office, 300 Revere Dr., Northbrook, IL 60062