



FRIEDBERG JCC DONATION FORM

I would like to donate the following amount: \$ _____

Apply gift to: ___ Camp Friedberg ___ Camp Achieve (Special Needs Camp) ___ Sunrise Day Camp
___ Scholarship (for children/families with need) ___ Daycare/Early Childhood ___ JCC General
___ Senior Adult Programming ___ Swim Team/Special Needs Swim Team ___ Other: _____

Circle Credit Card:

VISA Mastercard American Express Discover

Name on the Card: _____

Credit Card Number: _____

Exp. Date: _____ Security Code: _____

Check No. _____

(please make check payable to the Friedberg JCC)

Please provide the following information in full:

First Name: _____ Last Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: (____) _____

Tribute Card Information: (if applicable)

Circle One: **In Memory of** **In Honor of**

First Name: _____ Last Name: _____

How would you like the card to be signed? _____

Tribute to be mailed to:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Authorizing Signature: _____ **Date:** _____

Print Name: _____

The Barry & Florence Friedberg Jewish Community Center is a nonprofit 501(c)(3) organization.
Tax ID #11-2002556

All contributions are tax-deductible to the extent allowed by law.

THANK YOU!

Please mail to:

Friedberg JCC

Attn: Development Department-Stephanie Abrams

15 Neil Court, Oceanside, NY 11572

Or Fax to: 516-766-0513