



Donation Form

Personal Information

Name: _____
First Name *Last Name*

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email: _____ Phone: (____)____-_____

Please send me updates about the JCC Programs by: email letter mail no updates, thanks

Donation Information

Monthly gift amount: \$15 \$30 \$50 \$100 Other: \$ _____

Process my donation on the: 1st 15th of each month

This donation is made by: an individual a business

I prefer to give by: Credit card (please fill out the **credit card** section below)

Credit Card

Card type: Visa MasterCard American Express

Card #: _____ Expiry (mm/yy): ____/____

Name on card: _____

Signature: _____ Date: _____

I understand that my donations will continue automatically each month until I notify the JCC of any change. I can change or cancel my monthly donation at any time.