

Please print this page, fill out the form below and mail to:

The Jewish Museum  
Development Office  
1109 Fifth Avenue  
New York, New York 10128

For credit card orders of \$ 50 or more, fax this form to (212) 423-3233.  
Please allow two weeks for processing.

\_\_\_\_\_

I/We would like to make a gift in the amount of :

\$ 18     \$ 36     \$ 50     \$ 180     other \$ \_\_\_\_\_

Gift in honor of / memory of [Name] : \_\_\_\_\_

Relation to donor : \_\_\_\_\_

In case of Honor : Occasion : \_\_\_\_\_

Date of occasion : \_\_\_\_\_

Please acknowledge : Name(s) : \_\_\_\_\_

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

City/State/ZIP : \_\_\_\_\_

This contribution is made by : Name(s) : \_\_\_\_\_

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

City/State/ZIP : \_\_\_\_\_

Enclosed is my check

Please bill my credit card in the amount of \$ \_\_\_\_\_

AMEX     Visa     MasterCard

(\$50 minimum for credit cards, please)

Account # : \_\_\_\_\_

Expiration date : \_\_\_\_\_

Name on card : \_\_\_\_\_