



Department Donation

Automatic donation to underwrite a designated JCC Department

Date: _____

Your Name: _____ JCC member # (if applicable) J _____

Email: _____ Phone: _____

Address: _____ City _____ Zip _____

Schedule

Monthly Donation Starting Date ____/____/____

Periodic Donation Designated Dates _____

Department Designation

(Please designate which department is to benefit from your generous ongoing donation)

Center for Jewish Life & Learning \$ _____

Preschool Scholarship Fund \$ _____

Membership Scholarship Fund \$ _____

Cultural Arts \$ _____

Senior Services \$ _____

Area of greatest need \$ _____

Other _____ \$ _____

Payment Method

MasterCard Visa

Account Number: _____ Exp Date: _____

Authorization for Direct Electronic Fund Transfer (EFT)

I authorize the JCC to initiate a charge to the accounts noted below on a recurring charge. This authorization is to remain in effect until JCC has received written notice from me.

Member Signature: _____ Date: _____

Staff Completing request: _____ Date: _____