



The SJCS Donation Form

Name _____
Address _____
Phone _____
Email _____

I wish to support Seattle Jewish Community School (SJCS) by making a donation of: \$ _____

Please indicate your payment preference:

- My check for the full amount of my contribution is enclosed (*checks payable to SJCS*).
- Enclosed is a check for my initial contribution of _____. Please bill the remainder in equal monthly payments through June 2011.
- Please charge the full amount of my contribution to my credit card.
- Please charge my initial contribution of \$_____ immediately and process the remainder in _____ installments of \$_____ through June 2011.

Mastercard Visa
Acct. Number: _____
Exp. Date: _____

Signature: _____

Name (as it appears on card): _____
Phone: _____
Email: _____

Please let us know if your employer will match your contribution.

Employer's name: _____

Under IRS guidelines, the full amount of your contribution is tax deductible. The Seattle Jewish Community School acknowledges that you have not received any tangible product or service for this contribution.

Please contact the SJCS Development Office with any questions.
development@seattlejcs.org