

JCCPGH DONATION FORM

DATE	STAFF MEMBER
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DONOR INFORMATION

DONOR FIRST*		DONOR LAST*	
NAME* <i>(As donor wishes to be acknowledged)</i>			
ADDRESS*			SUITE / APT
CITY*		STATE*	ZIP*
PHONE*	EMAIL*		

TRIBUTE CARD INFORMATION

NAME(S)			
ADDRESS			SUITE / APT
CITY		STATE	ZIP
OCCASION / MESSAGE <i>(to be included in EFin and on card)</i>			

PLEDGE INFORMATION

AMOUNT PLEDGED*	FIRST / TOTAL PAYMENT*	FUTURE PAYMENT AMOUNTS & INVOICE MONTH
		<input type="checkbox"/> Pledge form included <input type="checkbox"/> Pledge form sent _____

PAYMENT INFORMATION

<input type="checkbox"/> CHECK <i>Number</i>		<input type="checkbox"/> OTHER <i>Notes</i>	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	NUMBER	
		EXP. DATE	CVV

GIFT DESIGNATION

<input type="checkbox"/> CAPITAL <i>Project / Area</i>		<input type="checkbox"/> ENDOWMENT <i>Fund Name</i>		
<input type="checkbox"/> ANNUAL FUND	<input type="checkbox"/> AJM <i>Exhibit?</i>			
<input type="checkbox"/> AGEWELL	<input type="checkbox"/> BIG NIGHT	<input type="checkbox"/> ECDC - SQH	<input type="checkbox"/> SH DAY CAMP	<input type="checkbox"/> SH GENERAL
<input type="checkbox"/> J&R DAY CAMP	<input type="checkbox"/> EKC	<input type="checkbox"/> CLUBHOUSE	<input type="checkbox"/> ECDC - SH	<input type="checkbox"/> SPECIAL NEEDS
<input type="checkbox"/> FITNESS	<input type="checkbox"/> OTHER	<input type="checkbox"/> CENTER FOR LOVING KINDNESS & CIVIC ENGAGEMENT		