

Donors Details

Name: _____

Address: _____

Postal Code: _____

Phone Number: _____

E-mail: _____

I would like to make a donation of:

\$35 \$50 \$75 \$100 \$250 \$500 \$1000 Other _____

Method of Payment

ENCLOSED PAYABLE CHEQUE TO THE JSC

CREDIT CARD:

Visa

MasterCard

American Express

_____ / _____
Card Number Exp.Date: Mo./Yr. Signature

DIRECT DEBIT AUTHORIZATION:

_____ _____ _____ _____
Bank Name Branch Bank Routing Number Account Number

_____ _____ _____ _____
City State Zip Signature

PLEASE HAVE YOUR OFFICE CONTACT MY BY:

Phone Email

PLEASE PRINT THIS FORM AND SEND IT TO:

Mail:

**The Jewish Statesmanship Center
For Strategic Planning
P.O.B 2045 Kedumim 44856 Israel**

Fax:

+972-9-7928876

For further information, please contact us at +972-9-7928875 or

contribute@jsc1.org