

Donors Details

Name: _____

Address: _____

Postal Code: _____

Phone Number: _____

E-mail: _____

I would like to make a donation of:

\$50 \$100 \$250 \$500 \$1000 \$2500 \$5000 Other _____

Monthly

Disposable

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 ME BY:

Phone Email

PLEASE PRINT THIS FORM AND SEND IT TO:

Mail:

**The Jewish Statesmanship Center
For Strategic Planning
P.O.B 18749, Jerusalem, Israel**

Fax:

+972-77-5156014

For further information, please contact us at +972-77-5156011 or

contribute@jsc1.org