

**Donation Form**  
**Jewish Social Service Agency**  
**200 Wood Hill Road, Rockville, MD 20850**

Date: \_\_\_\_\_

Gift Amount Enclosed: \_\_\_\_\_

**Donation Designation:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Area of greatest need | <input type="checkbox"/> Holiday Food Baskets          | <input type="checkbox"/> Northern VA      |
| <input type="checkbox"/> Children and Families | <input type="checkbox"/> Holocaust Survivor Services   | <input type="checkbox"/> Premier Homecare |
| <input type="checkbox"/> Employment and Career | <input type="checkbox"/> Hospice                       | <input type="checkbox"/> Senior Services  |
| <input type="checkbox"/> Special Needs         | <input type="checkbox"/> Other / Endowment Fund: _____ |   |

**Payment Information:**

If you wish to make your contribution by credit card, please call 301-610-8370. Otherwise, print this form, complete the information, and mail this form along with your check to the address above.

**Donor Information:**

Donor's Name: \_\_\_\_\_  
Title / First Name / Last Name

**Ask:** Is there another name in addition to theirs this donation is coming from?

Ask: Is this a **new address?**  
(if so get old address)

Additional Donor's Name: \_\_\_\_\_  
Title / First Name Last Name / Relationship to other donor

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Address (linked to credit card): \_\_\_\_\_

City / State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Direct Mail Preferences:  Stay as is     Mailing 1 time a year     Opt-Out of Mailing     Opt-Out Email

**Honor/Memorial Information:**

Honor of     Memory of: \_\_\_\_\_  
Title/First Name/Last Name

On the Occasion of: \_\_\_\_\_

**Acknowledgement Recipient Information:**

Name: \_\_\_\_\_ Relationship to Honor/Memorial Contact: \_\_\_\_\_  
Title/First Name/Last Name

Address: \_\_\_\_\_

City / State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Notes/Special instructions:** \_\_\_\_\_