



Date \_\_\_\_\_

**DONOR INFORMATION**

Donor's Name \_\_\_\_\_  
TITLE / FIRST NAME / LAST NAME

Email \_\_\_\_\_  
**REQUIRED IF SENDING IN A CREDIT CARD DONATION**

Other Donor's Name \_\_\_\_\_  
TITLE / FIRST NAME / LAST NAME / RELATIONSHIP TO OTHER DONOR

Address \_\_\_\_\_

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

Is this a new address?  Yes  No Phone \_\_\_\_\_

**DONATION DESIGNATION**

- Area of Greatest Need
- Children and Families
- Employment and Career
- Special Needs
- Holiday Food Baskets
- Holocaust Survivor Services
- Hospice
- Other / Endowment Fund \_\_\_\_\_
- Northern VA
- Premier Homecare
- Senior Services

**HONOR/MEMORIAL INFORMATION**

In Honor of  In Memory of \_\_\_\_\_

Occasion of (Birth/Death/Birthday/Etc) \_\_\_\_\_

Message \_\_\_\_\_  
\_\_\_\_\_

**RECIPIENT ACKNOWLEDGEMENT CARD (IF OTHERS WRITE ON BACK)**

Name \_\_\_\_\_ Relationship to Honoree \_\_\_\_\_  
TITLE/FIRST NAME/LAST NAME

Address \_\_\_\_\_

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

**PAYMENT INFORMATION**

Credit Card  VISA  MASTERCARD  AMEX

Name on Credit Card \_\_\_\_\_

Card #                 (AMEX, 1 less digit)

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Amount \$ \_\_\_\_\_  
MM/YYYY

*If mailing a check, please make it out to JSSA.*