



Date _____

DONOR INFORMATION

Donor's Name _____
TITLE / FIRST NAME / LAST NAME

Email _____

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
- Holiday Food Baskets
- Mental Health
- Aging inPlace
- Holocaust Survivor Services
- Premier Homecare
- Employment Services
- Hospice
- Other / Endowment Fund _____

HONOR/MEMORIAL INFORMATION

In Honor of In Memory of _____

Message _____

RECIPIENT ACKNOWLEDGEMENT CARD (IF OTHERS WRITE ON BACK)

Name _____
TITLE/FIRST NAME/LAST NAME

Address _____

City / State _____ ZIP _____

Please make your check out to JSSA and mail to our secure processing center at:

JSSA
P.O. Box 392492
Pittsburgh, PA 15251-9492