



A legacy of commitment to strengthening the community

Please print, complete and mail this form to:
Jewish Family Services, 99 Passmore Road, Wilmington, DE 19803
or contact info@jfsdelaware.org

Yes, I would like to contribute to JFS' Endowment Fund

in the amount of \$_____:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Print name as it will appear in JFS Annual Report: _____

_____ I do not want my name to be printed in the JFS Annual Report

_____ I have enclosed my check payable to *Jewish Family Services of DE*

Please bill my: ___ Visa ___ Mastercard for the amount of \$ _____

Card Number _____ Expiration Date _____

Or, I prefer \$ _____ be deducted monthly from my credit card

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