



*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' Friend Campaign**  
and have marked the level of my gift below:

**Guardian.....\$5,000+**  
**Pacesetter....up to \$5,000**  
**Benefactor...up to \$2,000**  
**Patron.....up to \$1,000**

**Sponsor.....up to \$500**  
**Supporter.....up to \$250**  
**Friend.....up to \$100**  
**Contributor...up to \$36**

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*

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

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

**Counseling • Care Management • Community Education & Outreach**  
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