



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 make an Honorary or Memorial Tribute
(Minimum gift of \$10.00)

Name _____
(Please complete your information)

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 _____

MAKING A TRIBUTE GIFT (What is the occasion): _____

Name of Honoree(s): _____

Who would you like to be notified of your gift?

Name: _____

What is the relationship of this person to the honoree (spouse, child, etc.) _____

Address: _____

City: _____ State: _____ Zip: _____

Comments: _____