



## Building a Legacy of Hope

Donation and Pledge Form

### DONOR INFORMATION

NAME(S) \_\_\_\_\_

DONOR ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CHECK HERE IF YOUR GIFT IS ANONYMOUS \_\_\_\_\_

How would you like your gift recognized if different from names above? \_\_\_\_\_

Please indicate any special acknowledgement below:

THIS GIFT IS (check one): \_\_\_\_\_ IN MEMORY OF \_\_\_\_\_ IN HONOR OF \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

NAME(S) YOU WOULD LIKE TO ACKNOWLEDGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

### DONATION INFORMATION:

Total Amount of my/our tax-deductible gift to the **Building a Legacy of Hope** Campaign \$ \_\_\_\_\_

My gift/pledge is to be paid as follows:

One-time payment of \$ \_\_\_\_\_ to be paid on \_\_\_\_\_ (mm/dd/yyyy)

Monthly payments of \$ \_\_\_\_\_ for  12 mos  24 mos  36 mos  Other: \_\_\_\_\_ months  
beginning on \_\_\_\_\_ (mm/dd/yyyy)

Yearly payments of \$ \_\_\_\_\_ for  2 years  3 years  Other: \_\_\_\_\_ years  
beginning on \_\_\_\_\_ (mm/dd/yyyy)

### PAYMENT INFO:

Check One: \_\_\_\_\_ Check enclosed \_\_\_\_\_ Send me an invoice \_\_\_\_\_ Credit Card \_\_\_\_\_ Donor Advisor Fund

Please make check payable to *Arizona Jewish Historical Society (AZJHS), 122 East Culver Street, Phoenix, AZ, 85004*

NAME AS IT APPEARS ON CARD \_\_\_\_\_

BILLING ADDRESS (if different than above) \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_