

# TAMPA JEWISH FAMILY SERVICES

## DONATION FORM

IN MEMORIAM  IN HONOR OF

I would like to make a donation *In Memory Of* or *In Honor Of*:

\_\_\_\_\_

With a gift of \$: \_\_\_\_\_

Please inform the family / recipient that a donation has been made.

I would like to keep my donation anonymous.

### Family / Recipient

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### My Address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Type of donation

One-time  Annual  Monthly

### Method of payment

Check (payable to TJFS)  Visa  Mastercard  Discover  American Express

Card # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature required for credit card: \_\_\_\_\_

### Send to:

Tampa Jewish Family Services  
13009 Community Campus Drive

Tampa, FL 33625

813-960-1848

[www.tjfs.org](http://www.tjfs.org)