



## Select Gift Amount

☐ \$100   ☐ \$180   ☐ \$500   ☐ \$1,000   ☐ I prefer to give: \$ \_\_\_\_\_

## Your Information

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

## At JNF, You Decide Where Your Money Goes

- |   |   |
|---|---|
| <input type="checkbox"/> Disabilities & Special Needs           | <input type="checkbox"/> Special in Uniform |
| <input type="checkbox"/> ALEH Negev-Nahalat Eran                | <input type="checkbox"/> LOTEM              |
| <input type="checkbox"/> Red Mountain Therapeutic Riding Center |   |

☐ My check is enclosed.

Please make payable to Jewish National Fund, 78 Randall Avenue, Rockville Centre, NY 11570

Charge my: ☐ Visa   ☐ MC   ☐ Amex   ☐ Disc

CARD # \_\_\_\_\_ EXP. DATE MO \_\_\_\_ / \_\_\_\_

SIGNATURE \_\_\_\_\_

☐ Please send me information about including JNF in my will.

**800.JNF.0099**   [jnf.org](http://jnf.org)



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