



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



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