

I hereby pledge \$ _____ to the **2017 Jewish United Fund Annual Campaign**

Signature _____ Date of Birth _____

Name of Contributor _____ Firm or Attention of _____

Business Address _____ ZIP _____ Phone _____

Home Address _____ ZIP _____ Phone _____

Cell _____ E-mail _____ Congregation _____

Division Name _____ Alma Mater _____ Secured By _____

Payment due by December 31, 2017 • PLEASE MAKE CHECKS PAYABLE TO JEWISH UNITED FUND

Check enclosed Bill me Charge Credit Card full amount Charge Card \$ _____ per month for _____ months

Visa/Mastercard/AMEX/Discover or pay online at **juf.org**

_____ CVV code _____ Exp. date _____

Name on Credit Card _____ Billing Zip _____

If your firm has a Matching Gift program, please check box.

For Internal Use Only

DMS ID _____

Event ID _____

Event Name _____

Event Date _____

Secured By _____

Secured By ID _____

Pledge Date _____

Processed By _____

Jewish United Fund Annual Campaign

Ben Gurion Way • 30 S Wells Street, Chicago, IL 60606-5056
(312) 346-6700 • FAX (312) 855-2471 • **juf.org**



I pledge the amount indicated to the Jewish United Fund of Metropolitan Chicago to support its work on behalf of local and global Jewish life, providing human services for Jews and others in need, creating Jewish experiences and strengthening Jewish community connections.



Jewish United Fund
OF METROPOLITAN CHICAGO

Together for good

