

I hereby pledge \$ \_\_\_\_\_ to the **2018 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, 2018 • 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*

