



Donation Form

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

I wish to make a donation of \$ _____

Special Instructions: _____

Enclosed is check payable to **National Council of Jewish Women**

or

Please charge my: MasterCard Visa

Card Number: _____

Expiration Date: _____

Signature: _____

The National Council of Jewish Women is recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Contributions are deductible to the fullest extent provided by law.

Please return by mail or fax to:

National Council of Jewish Women, Greater Dallas Section

Preston Royal Shopping Center

6025 Royal Lane, Suite 219-9

Dallas TX 75230

214.368.4405

214.368.4753 (fax)

info@ncjwdallas.org