

Donation Pledge Card



Donor Information (please print or type)

Name: _____

Billing address: _____ City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ - _____ Email: _____@_____

Pledge Information

I (we) pledge a total of \$ _____ to be paid as follows: now monthly quarterly yearly.

If by Credit Card, please use the following card info: Card type: _____ Card No.: _____ - _____ - _____ - _____ Exp. Date: ____ / ____

If by check/s please make it/them payable to the: **Friends Yom Kippur War Center, at: 6 West 18th Street, Unit 2D, New York, NY 10011**

If by deposits or transfers: **CitiBank NA, at 1748 Broadway, New York, NY 10019. Account Number 6797870472, Routing Number: 021000089**

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____ Or - I (we) wish to have our gift remain anonymous.

Signature: _____

Date: _____

Thank You.

“Friends of Yom Kippur War Center”

EIN 83-4573165 an Illinois registered Inc.

6 West 18th Street, Unit 2D, New York, NY 10011

Tel: 1-212-989-4452

Donations are tax deductible (501c3).

Email: friends@kipur-center.org Site: www.kippur-center.org