



Jewish Family Services

of Washtenaw County

I/we want to be a member of the "Friends of the Family." Enclosed is a tax-deductible donation of: \$ _____

Please make checks payable to: Jewish Family Services

Name(s) (Please Print): _____

Address: _____

City, State, Zip: _____

Phone : _____

E-Mail: _____

Levels of Giving

Circle of Legacy -	\$10,000 and above
Circle of Life -	\$5,000 - \$9,999
Circle of Traditions -	\$2,500 - \$4,999
Circle of Generations -	\$1,000 - \$2,499
Circle of Community -	\$500 - \$999
Circle of Family -	\$250 - \$499
Circle of Friends -	\$100 - \$249
Circle of Giving -	up to \$99

I/we would like to pay by credit card: Name as it appears on credit card: _____

Visa Master Card Quarterly (minimum payment \$50) Full payment

Card No. _____ Exp. ____ \ ____

I am interested in creating a permanent legacy, please contact me.

(734) 769-0209 • www.jfsannarbor.org