



CHANGING Lives...

STRENGTHENING Families...

One Person AT A TIME.

**I/We support the work of Jewish Family Services.**

Please accept my gift in the amount of:

\$18  \$36  \$54  \$72  \$100  other \$ \_\_\_\_\_

Enclosed is a check payable to Jewish Family Services.

I would be interested in making a gift of appreciated stock.  
Please call me.

Please charge our gift to:  Visa  MasterCard

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

*If you wish to use American Express, please visit our website:  
**www.jfsmilw.org**. All credit card contributions, including tribute  
cards, can be conveniently and securely processed online.*

**My/Our Information**

Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Email: \_\_\_\_\_

- Please do NOT include us in the annual listing of donors
- Help us reduce our costs by allowing us to communicate with you electronically.

*Your contribution is tax deductible under IRS guidelines.*

**Mail Contributions to:** Jewish Family Services, 1300 N. Jackson St., Milwaukee, WI 53202-2602

**This contribution is a tribute gift:**

Please check one:  In honor of  In memory of  speedy recovery  In appreciation of :

Name(s): \_\_\_\_\_

The message on the card should read: \_\_\_\_\_

\_\_\_\_\_

**Please send acknowledgement of my gift to the following:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Areas of interest:**

- Older Adult Services
- Exceptional Needs/Keshet
- Counseling & Clinical Services
- Social Services to Refugees
- Community Programming

Learn more about these and other Jewish Family Services programs, services, and upcoming special events by logging on to **www.jfsmilw.org**.