



## Giving Form

*\*Denotes Required Information*

### Registration Information

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name \*: \_\_\_\_\_

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

City \*: \_\_\_\_\_

State \*: \_\_\_\_\_

Zip \*: \_\_\_\_\_

Country \* : \_\_\_\_\_

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

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

\_\_\_\_\_ I prefer to make my donation anonymously.

### Donation Information

Amount\* \_\_\_\_\_

\_\_\_\_\_ Once      \_\_\_\_\_ Monthly      \_\_\_\_\_ Quarterly      \_\_\_\_\_ Yearly

### Designation

\_\_\_ Institute for Judaism and Sexual Orientation

\_\_\_ The Jeff Herman Virtual Resource Center

**Payment Information**

Credit Card Number\* \_\_\_\_\_

Type/Expiration Date\* \_\_\_\_\_(mm/yyyy)

MasterCard

Visa

American Express

Discover

Diner's Club

Cardholder's Name\* \_\_\_\_\_

Card Security Code\* \_\_\_\_\_

**This gift is in honor of OR in memory of someone special:**

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

**Mail a letter on my behalf to the following person:**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please tell us how you heard about our site:

HUC-JIR Chronicle Magazine

HUC-JIR Annual Report

Dean's newsletter

Appeal letter

Mail insert

HUCNews e-mail

HUC-JIR Website

HUC-JIR Event

Referred by a friend

Other

*Please fax or mail this form to:*

Development Department  
Hebrew Union College-Jewish Institute of Religion  
3077 University Ave  
Los Angeles, CA 90007

Fax (213) 747-2881  
800 899-0925; x4206