



Jewish Family Services of Greater Kansas City
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Tax ID EIN#: 44-054829

120TH ANNIVERSARY CAMPAIGN PLEDGE FORM

Donor Name

Donor Address

Donor City, State, Zip Code

Donor Email

Donor Phone

☐ **Financial Gift**

\$ _____ Amount of Gift

\$ _____ Initial Payment

\$ _____ Balance

I/We will make our first gift payment on _____

Expect annual payments in this month _____

Campaign Volunteer(s) _____

Comments _____

Please print your name(s) as campaign donor(s):

If this gift is made in honor/memory of others, please print the name(s):

☐ I/We prefer to pay the balance over _____ years as follows: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Payment options: ☐ Check/Cash ☐ Stock or Mutual Fund ☐ Electronic Funds Transfer ☐ Other _____

My company will match my gift. _____

ANNUAL GIVING

☐ I/We will be benefactors of Jewish Family Services of Greater Kansas City:

☐ Family: \$1,000 per year for the next 4 years

☐ Leader: \$10,000 per year for the next 4 years

☐ Connector: \$25,000 per year for the next 4 years

OR

☐ I/We will contribute \$ _____ per year for the next _____ years

OR

☐ I/We would like to renew our current annual giving of \$ _____ for _____ years

Payment options: ☐ Check/Cash ☐ Stock or Mutual Fund ☐ Electronic Funds Transfer ☐ Other _____

My company will match my gift. _____

Preferred method of contact (Please rank in order of preference): ☐ Phone ☐ Email ☐ Postal mail

Name(s): _____ Today's date: _____ Effective date: _____

Signature(s): _____