



MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

Organization Name (Fill this out only if you're making your donation on behalf of an organization):

ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address):

City: _____ State: _____ Zip Code: _____

Country: _____

Email (optional): _____

Telephone Number (optional): _____ Home Mobile

PAYMENT OPTIONS

One Time Gift Amount: _____

I'm enclosing my check made payable to:
Chabad House of Ann Arbor

Please charge my credit/debit card:

Visa MasterCard American Express Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

OR Become a Chai Club Member!

Your monthly gift can make a meaningful difference.

YES! Please bill my credit/debit card in
the amount of \$_____ per month.

YES! I would like to make a monthly gift in the amount
of \$_____ using my checking account. I've attached a
voided check from the account I would like to use.

Your monthly donation will be made each month from the payment
option you selected. You may cancel or change this amount at any
time by calling 734-99-LEARN (734-995-3276).

I WANT TO SUPPORT

Please designate your gift to one of the following:

Where It Is Most Needed

Specific project: _____

Note: _____

**Your questions and feedback are very important to us. Please feel free to contact
us at jewmich.com or call 734-99-LEARN (734-995-3276).**

Thank you for your support.

Please mail this completed form to: Chabad House of Ann Arbor | 715 Hill St | Ann Arbor, MI 48104