

**WORCESTER JEWISH COMMUNITY CENTER
TRIBUTE REQUEST FORM**

An appropriate acknowledgement of your gift will be sent to the designated recipient and to you.

Sender's Information

Name (print): _____ Today's Date: _____

Address: Street: _____

City: _____ Zip: _____

*Phone (required): _____

Recipient's Information

Name (print): _____

Address: Street: _____

City: _____ Zip: _____

Your Contribution

AMOUNT

Amount: \$_____ (minimum contribution is \$5).

Make Checks Payable to: Jewish Community Center
633 Salisbury Street Worcester, MA 01609

TRIBUTE

Your card will include the following information (choose one):

In Memory of _____

Speedy Recovery

Mazel Tov to _____

In Honor of _____

Other _____

FUND

From the Fund List on the back of this page, please choose the JCC fund towards which you would like to make your contribution.