

**WORCESTER JEWISH COMMUNITY CENTER  
GENERAL DONATION FORM**

*An appropriate acknowledgement of your gift will be sent to you.*

**Contributor's Information**

Name (print): \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

\*Phone (required): \_\_\_\_\_

**Your Contribution**

**AMOUNT**

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

Check or money order should be made payable to the "Jewish Community Center" and submitted (either in person or by mail) to the Worcester Jewish Community Center, 633 Salisbury Street, Worcester, MA 01609.

To fax (508-754-3373), phone (508-756-7109) or email ([pcherkas@worcesterjcc.org](mailto:pcherkas@worcesterjcc.org)) tributes please include all of the following:

MC/Visa/Debit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID #/V Code (3 digit code on back of card) \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_