



PATRON FORM

PLEASE RETURN BY AUGUST 22, 2019

Select Patron Level

_____ Gold Patron \$500

_____ Silver Patron \$250

Name(s)
(as it should appear in print materials)

Address _____

City St Zip _____

Contact Name _____

Best Phone _____

Best Email _____

Print Deadline is August 26

PAYMENT INFORMATION

_____ Please bill me

_____ Please charge my credit card

Card Name: _____

Card Number: _____

Expiration: _____ Security Code: _____

_____ Enclosed is a check for \$ _____

(Make checks payable to Jewish Federation of Reading)

I do not wish to be a patron, but please accept this donation in the amount of \$ _____

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