



Jewish War Veterans
of the United States of America

JWV Contribution Form

Required fields are indicated with an asterisk *

Please fill out the form below and our Accounting Department will invoice you for the stated amount. Thank you.

Please check the program(s) to which you would like to contribute, with the corresponding amount(s).

Calendar	<input type="checkbox"/> \$18	<input type="checkbox"/> \$25	<input type="checkbox"/> \$36	<input type="checkbox"/> \$ 54	<input type="checkbox"/> Other: <input type="text"/>
High Holiday Cards	<input type="checkbox"/> \$18	<input type="checkbox"/> \$25	<input type="checkbox"/> \$36	<input type="checkbox"/> \$ 54	<input type="checkbox"/> Other: <input type="text"/>
NotePad and labels	<input type="checkbox"/> \$18	<input type="checkbox"/> \$25	<input type="checkbox"/> \$36	<input type="checkbox"/> \$ 54	<input type="checkbox"/> Other: <input type="text"/>
Spring Notecard	<input type="checkbox"/> \$18	<input type="checkbox"/> \$25	<input type="checkbox"/> \$36	<input type="checkbox"/> \$ 54	<input type="checkbox"/> Other: <input type="text"/>
SOS Program	<input type="checkbox"/> \$18	<input type="checkbox"/> \$25	<input type="checkbox"/> \$36	<input type="checkbox"/> \$ 54	<input type="checkbox"/> Other: <input type="text"/>
General Gift	<input type="checkbox"/> \$18	<input type="checkbox"/> \$25	<input type="checkbox"/> \$36	<input type="checkbox"/> \$ 54	<input type="checkbox"/> Other: <input type="text"/>
					Total: <input type="text"/>

* Billing Information:

* Full Name:	<input type="text"/>	Country:	<input type="text"/>
* Address:	<input type="text"/>	* Zip:	<input type="text"/>
* City:	<input type="text"/>	Phone:	<input type="text"/>
* State:	<input type="text"/>	E-mail Address:	<input type="text"/>

If you want to send in a check, print the form, fill it out and send it to:

JWV National Headquarters
1811 R Street, NW
Washington, DC 20009