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WEB SITE MAIL-IN / FAX DONATION FORM

Amount: \$ _____

Name: _____

Address: _____

City/St/Zip: _____

Tel: (____) _____ Email: _____

This gift is in In Honor In Memory of _____

Name: _____

Address: _____

City/St/Zip: _____

If in Honor of, the occasion is:

Birthday Bar/Bat Mitzvah Anniversary Other _____

An acknowledgement card of your gift will be sent to the name above, but your gift amount will not be listed unless requested by checking this box.

Yes, please list gift amount

Payment Information:

- Make checks out to **Aviva Family and Children's Services**
- Credit Card

AMEX M/C Visa

Card # _____

Exp Date _____ Billing zip code: _____ CCV code _____