



Donation Form

YES! I want to support JOFA's work in expanding opportunities for Orthodox women within the framework of halakha thereby enriching individual and communal life for all Jews.

Enclosed is my gift:

\$5,000 \$2,500 \$1,800 \$1,000 \$500
 \$360 \$100 \$36 Other \$

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Country _____ E-mail _____

Check enclosed made payable and mailed to JOFA: 15 East 26th Street, Suite 915, NY, NY 10010

Please charge my

MasterCard Visa American Express

Card # _____ Expiration Date _____ Signature _____

All contributions are tax deductible to the extent permitted by law. Thank you.