

# Jackson Hole Jewish Community Endowment Fund Pledge Form

**YES**, I/we want to ensure that the Jackson Hole Jewish Community can continue to maintain and expand our shul, classroom, and office, and continue to maintain and expand our programming including High Holiday and Shabbat Services, adult and childhood education, B'nei Mitzvot, important guest speakers, holiday parties, and other great events that serve our Jewish community and all residents of Jackson Hole for generations to come with a gift to the General Endowment Fund of:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>\$100,000</b> | <input type="checkbox"/> <b>\$5,000</b>        |
| <input type="checkbox"/> <b>\$50,000</b>  | <input type="checkbox"/> <b>\$2,500</b>        |
| <input type="checkbox"/> <b>\$25,000</b>  | <input type="checkbox"/> <b>\$1,000</b>        |
| <input type="checkbox"/> <b>\$18,000</b>  | <input type="checkbox"/> <b>\$500</b>          |
| <input type="checkbox"/> <b>\$10,000</b>  | <input type="checkbox"/> <b>Other \$</b> _____ |

Gifts may be funded immediately or spread out over a period of up to five years.

- I wish to pay in full**  
 **I wish to pay over** \_\_\_\_\_ **years**

It is understood and agreed that the JHJC will make commitments that rely on this pledge and the donor agrees to provide for completion of this gift, if necessary, in his or her estate. The donor may choose to accelerate his or her payment schedule. The donor's signature below indicates the donor's acceptance of these terms and conditions.

**Signature (required)** \_\_\_\_\_

**Date (required)** \_\_\_\_\_

Thank you! Your support of the JHJC General Endowment Fund provides a legacy of stability and financial security to the JHJC.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Tel (daytime)** \_\_\_\_\_

**E-mail** \_\_\_\_\_

*(Please Complete Reverse Side)*

\_\_\_\_\_ Enclosed is my/our check for \$ \_\_\_\_\_.

*(Please make payable to Jackson Hole Jewish Community and designate "General Endowment Fund" in the memo.)*

_____ Charge my/our credit card in the amount of \$ _____.
__VISA __MasterCard __American Express
Name on credit card _____
Credit card number _____
Expiration date _____ CVW code _____ Billing zip code _____
Signature (required) _____
Date (required) _____

**This gift is:**  **Personal**  **Corporate**  **Foundation**

\_\_\_\_ I/We wish to make my/our gift with stocks or bonds. Call me/us with transfer instructions.

\_\_\_\_ I/We would like to learn more about including the JHIC General Endowment Fund in my will/our wills through planned giving.

This gift is in honor/memory of _____
Please provide contact information if you would like the JHIC to notify your honoree of your gift:
<b>Name</b> _____
<b>Address</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Tel (daytime)</b> _____
<b>E-mail</b> _____

- Donors who give \$50,000 or more will be recognized as members of the Leadership Circle
- Donors who give \$25,000 or more will be recognized as Benefactors
- Donors who give \$10,000 or more will be recognized Supporters
- Donors who give up to \$9,999 will be recognized as Contributors

**Please print your name(s) as you wish to be recognized in JHIC publications:**

\_\_\_\_\_  
*Gifts to the JHIC General Endowment Fund are charitable contributions and deductible for tax purposes, as permitted by law. Our federal tax ID number is: 84-1367630.*

***Thank you for your support of the Jackson Hole Jewish Community.***

PO BOX 10667, JACKSON, WYOMING 83002

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