



Maccabi USA

Alumni Association

CREDIT CARD CONTRIBUTION FORM

Date of Donation: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Zip (*if different*): _____

Daytime Phone #: _____ (*circle one*) Cell / Home / Business

Email: _____

AMOUNT OF CONTRIBUTION (check appropriate box):

- | | | |
|---------|---|--|
| BRONZE: | <input type="checkbox"/> Recurring gift \$15/month | <input type="checkbox"/> One-time \$180 gift |
| SILVER: | <input type="checkbox"/> Recurring gift \$45/month | <input type="checkbox"/> One-time \$540 gift |
| GOLD: | <input type="checkbox"/> Recurring gift \$150/month | <input type="checkbox"/> One-time \$1,800 gift |

We accept VISA/Mastercard/Amex:

Name as it appears on credit card: _____

Card Number: _____ Exp Date: _____

Security Code: _____ (4 digits for Amex; 3 digits for MC/VISA)

Signature: _____

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