



Tribute Card Order Form

FROM:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

TO:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

MESSAGE:

In Honor Of: _____

In Memory Of: _____

Other: _____

**Please make checks payable to "Council For Jews With Special Needs" (CJSN)
OR, VISA, MasterCard, and AMEX accepted for orders totaling \$50 or more**

Card# _____ Exp. _____

Minimum donation of \$5.00 per Tribute to be sent.
Packets of 5 blank cards may be purchased for \$25 and will be sent directly to you.

If you wish to designate an established fund, please indicate here: Morris Asher Memorial Camp Fund Yad B'Yad Activity Fund Keshet Activity Fund Esther Sattler Memorial Education Fund Founders Fund Sandler Community Education General Fund Shalom House Activity Fund Residential Endowment Fund Simcha House Fund Keshet House Fund**Please mail your tax deductible donation along with this completed form to:**

Council For Jews With Special Needs
12701 N. Scottsdale Road, Suite 205
Scottsdale, Arizona 85254-5453

Questions? Please call (480) 629-5343