

COUNCIL FOR JEWS WITH SPECIAL NEEDS

PLEASE PRINT THIS PAGE DIRECTLY FROM YOUR BROWSER AND MAIL TO:

COUNCIL FOR JEWS WITH SPECIAL NEEDS – 12701 N. SCOTTSDALE RD., SUITE 205 – SCOTTSDALE, ARIZONA 85254

NAME _____ PHONE _____

ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIPCODE _____

**To become a SUPPORTING MEMBER please
make your tax deductible check payable to:
Council For Jews With Special Needs.**

___ Diamond (\$1,000)
___ Emerald (\$ 500)
___ Sapphire (\$ 250)
___ Pearl (\$ 120)
___ Amethyst (\$ 60)
___ Turquoise (\$ 36)
___ Other (\$____)

\$_____ CHECK or \$_____ CREDIT CARD
___ VISA ___ MasterCard ___ American Express

CARD NUMBER _____

EXPIRATION DATE _____

I'D LIKE ADDITIONAL INFORMATION ABOUT:

(Please check all that apply)

___ FAMILY SUPPORT GROUPS

___ SUMMER CAMP INCLUSION

___ RELIGIOUS SCHOOL INCLUSION

___ DISABILITIES WORKSHOPS

___ SOCIAL GROUPS

___ VOLUNTEER OPPORTUNITIES

___ OTHER CONCERNS

___ SIGN LANGUAGE INTERPRETERS

Phone: **480 / 629-5343** (Voice)

480 / 629-5365 (Fax)

480 / 629-8271 (TDD)

E-Mail: info@cjsn.org