

**Gesher Campaign Giving Levels:**

Yahalom (Diamond) - \$25,000 (\$5,000/year)
Platina (Platinum) - \$18,000 (\$3,600/year)
Zahav (Gold) - \$10,000 (\$2,000/year)
Kessef (Silver) - \$5,000 (\$1,000/year)
Bronza (Bronze) - \$2,500 (\$500/year)
Chaver (Friend) - \$1,000 (\$200/year)

- ☐ I/We wish to make a gift to the Federation for Jewish Philanthropy of Upper Fairfield County Israeli Emissary 20th Anniversary Campaign to support the future of the Federation Israeli Emissary program in the total sum of \$_____

If intending to provide support from a donor-advised fund or foundation please use selection below

- ☐ I/We intend to recommend support to the Federation for Jewish Philanthropy of Upper Fairfield County Israeli Emissary 20th Anniversary Campaign to support the future of the Federation Israeli Emissary program in the total sum of \$_____. This expression of intent does not create a legally enforceable obligation.
- ☐ I/We wish to make this contribution in honor of: _____
- ☐ For donor recognition, I/We understand my/our name(s) will be listed as written below.
- ☐ I/We wish to remain anonymous.

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

PAYMENT OPTION:

- ☐ One-time payment, to be paid in the year _____.
- ☐ Annual payments of \$_____ over a period of _____ years beginning in the year _____.
(The suggested payment period is five years.)
- ☐ Monthly payments of \$_____ over a period of _____ years.
(Monthly payments require a credit card for automatic billing.)
- ☐ The first payment is enclosed. (Checks should be made out to *Federation for Jewish Philanthropy*.)
- ☐ Please send me an invoice for my first payment.
- ☐ Automatically charge my credit card for the payments as described above:

Card #: _____ Exp. Date: _____ CVV: _____

Name as it appears on Credit Card: _____ Billing Zip Code: _____



Please return to: Federation for Jewish Philanthropy, 4200 Park Avenue, Suite 300, Bridgeport, CT 06604