



Federation for Jewish Philanthropy
OF UPPER FAIRFIELD COUNTY

Name: _____

Address: _____

City, State Zip _____

☐ Please accept my pledge of \$ _____. I understand that all pledges are due to be paid in full by December 31, 2018

☐ My check payable to the Federation for Jewish Philanthropy is enclosed in the amount of \$ _____

☐ Please charge my credit card in the amount of \$ _____

Credit Card# _____

Exp Date: ____/____ Security Code _____ Email _____

Please mail to: Federation for Jewish Philanthropy, 4200 Park Avenue, Bridgeport, CT 06604, or call 203-226-8198. Thank You!