

Donations

(Please print out this form and fax it to AFJCT at: 212 563-5623)

\$100.00 \$1,800.00
 \$180.00 \$2,500.00
 \$250.00 \$3,600.00
 \$500.00 \$5,000.00
 \$750.00

Name _____
Company _____
Title _____
Address _____
City _____ State ____ Zip Code ____
Telephone _____
Email _____

I authorize you to charge my credit card in the amount of: \$ _____

Visa Mastercard American Express

Card Number _____
Expiration Date _____
Name on Card _____