



Pledge Form

Contact Information:

First Name (s): _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____

Email: _____

Relationship to Hillel: Community Parent Alum Other _____

Pledge Commitment:

I/We pledge a total gift of \$ _____ to be paid over _____ years.

I/We wish to pay \$ _____: Monthly Quarterly Annually

I/We plan to make this contribution in the form of:

Check made payable to Santa Barbara Hillel Credit Card Authorization

Credit Card Information:

Name on Card: _____

Card Type: Visa MasterCard

Card #: _____

Expiration Date: _____

3-Digit Sec #: _____

My Company has a matching gift program

My Pledge is Made:

In honor of: _____

In memory of: _____

Please Notify: Name: _____

Address: _____

Signature: _____ Date: _____

If you have questions or would like further information concerning a planned gift, please contact either Rabbi Evan Goodman, Executive Director, at x22 or email egoodman@sbhillel.org or Ashley Marx, Assistant Director, at x21 or email amarx@sbhillel.org.