



I want to show my support for the "Our Jewish Experience" campaign and help Mercaz provide continuing Jewish educational programming.

Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

This gift is in honor of _____

This gift is in memory of _____

Giving Levels of Support:

- Friend: \$50-\$99
- Advocate: \$100 - \$149
- Sponsor: \$150- \$199
- Patron: \$200 - \$249
- Faculty Club: \$250 - \$499
- Our Jewish Experience Club: \$500+
- Other _____ (please specify the amount of your gift)

All donors receive recognition in the annual graduation program.

Method of Payment

- Check Enclosed (Please make payable to Mercaz)
- Visa/MasterCard

Card Number _____

Exp. Date _____

Name (as it appears on card) _____

Amount of Donation _____

Signature _____

Please mail this page to:

Mercaz
3201 E. Galbraith Road
Cincinnati, OH 45236

Mercaz is a 501(c)3 non-profit organization. Contributions are tax deductible.