

Kalsman Institute on Judaism and Health at HEBREW UNION COLLEGE – JEWISH INSTITUTE OF RELIGION

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I/We wish to support the Kalsman Institute on Judaism and Health with a gift/pledge of:

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|---|-----------------------------------|
| <input type="radio"/> \$80,000 Endow a Pastoral Internship | <input type="radio"/> \$5,000 |
| <input type="radio"/> \$40,000 Fund an Annual Pastoral Internship | <input type="radio"/> \$1,000 |
| <input type="radio"/> \$20,000 Fund a Kalsman Institute Field Building Initiative | <input type="radio"/> \$500 |
| | <input type="radio"/> Other _____ |

NAME (PLEASE PRINT)

BUSINESS

SIGNATURE FOR PLEDGE

HOME ADDRESS

CITY

STATE/ZIP

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CITY

STATE/ZIP

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This gift is: In honor of In memory of _____

Barbara S. Zolla Memorial Pastoral Internship William Cutter Pastoral Internship Other

Please send acknowledgment to _____

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The pledge will be paid in full by _____ (date) and statements should be sent:

annually semi-annually quarterly

Enclosed is a check payable to HUC-JIR in the amount of \$ _____

Please charge my AMEX DISC VISA MC DINERS

CARD #

EXP. DATE

SIGNATURE FOR CREDIT CARD PAYMENT

My employer will match my gift, I have enclosed my matching gift form.

EMPLOYER NAME

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CITY

STATE/ZIP