



THE ROBERT A. AND SANDRA S. BORNS  
**JEWISH STUDIES PROGRAM**

## Friends of the Borns Jewish Studies Program Giving Form

### Donor Information

Full Name (Required): \_\_\_\_\_

Home Address (Required): \_\_\_\_\_

City(Required): \_\_\_\_\_ State(Required): \_\_\_\_\_ ZIP Code(Required): \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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### Gift Information

I/we are pleased to become a Friend of the Borns Jewish Studies Program at the following level:

- |  |  |
|--|--|
| <input type="checkbox"/> \$100,000 and above/year            | For people age 35 and under:                                   |
| <input type="checkbox"/> \$25,000 and above/year             | <input type="checkbox"/> Patron Associate (\$180 - \$499/year) |
| <input type="checkbox"/> \$10,000 and above/year             |  |
| <input type="checkbox"/> \$5,000 and above/year              |  |
| <input type="checkbox"/> Benefactor (\$1,000 and above/year) | For recent Jewish Studies alumni:                              |
| <input type="checkbox"/> Patron (\$500 - \$999/year)         | <input type="checkbox"/> Young Associate (\$36/year)           |

Specify Amount of Gift (Required): \$ \_\_\_\_\_

### Payment Information

Method of Payment (Required):

- I/we enclose a check made payable to "IUF/Jewish Studies Program"
- Please charge my credit card (information below)

(circle one) Mastercard    Visa    Discover    American Express

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**When complete, please mail this form to:  
Indiana University Foundation Bloomington,  
P.O. Box 6460,  
Indianapolis, IN 46206-6460.**