



## Mail-in Giving Form

### Donor Information

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

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

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

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

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

Cell Phone: \_\_\_\_\_

### Gift Information

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

Notes or Designations: \_\_\_\_\_

This gift is also from my spouse/partner. Name: \_\_\_\_\_

This gift is in memory of someone. Name: \_\_\_\_\_

This gift is in honor of someone. Name: \_\_\_\_\_

For gifts in memory or honor, send acknowledgment to: \_\_\_\_\_

### 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.**