



JABA Gift / Credit Card Authorization Form

My Name: _____ Street Address: _____

Phone: _____ City/State/ZIP: _____

MY GIFT:

Credit Card Information (if applicable)

<input type="checkbox"/> I'd like to make a one-time gift to "JABA, Inc." by <input type="checkbox"/> check or <input type="checkbox"/> credit card (select one) in the amount of \$_____. <input type="checkbox"/> I would like to give monthly to "JABA, Inc.": <input type="checkbox"/> payment of \$_____ each month starting _____ (day/month/year) and ending _____ (day/month/year) for a total of \$_____. <input type="checkbox"/> payment of \$_____ each month starting _____ (day/month/year), renewing automatically until I notify JABA in writing.	<input type="checkbox"/> Here is credit card information for my gift: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card Number: _____ Expiration Date: _____
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MY PREFERENCES:

<input type="checkbox"/> My gift is unrestricted. Use wherever the need at JABA is greatest. <input type="checkbox"/> I designate my gift to the following JABA program or center: _____ <input type="checkbox"/> I want my gift to remain anonymous.	<input type="checkbox"/> My gift is: <input type="checkbox"/> in HONOR of <input type="checkbox"/> in MEMORY of: _____ (name) Please mail an acknowledgement of this gift to: Name: _____ Address: _____ City/State/ZIP: _____
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My Signature/Date:

Signature

Date

Where Do I Submit This Form or Ask Questions?

Please return the completed form to Director of Philanthropy & Communications, JABA, 674 Hillside Drive, Suite 9, Charlottesville, VA 22901. If you have questions, please call 434.817.5221.