



Donation Form

Donor Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Enclosed is my tax-deductible gift of \$ _____

Is this donation in memory of or honor of someone?

If yes, who? _____

How would you like this person to be notified? Please provide details below:

Address _____

City/State/Zip _____

OR E-mail _____

Please keep my donation confidential

THANK YOU FOR YOUR DONATION.

Please mail this completed form and a check made payable to
HOUSTON JEWISH COMMUNITY FOUNDATION
with memo "Joan Karff WOWU" to:

Joan Karff's Women on the Way Up
c/o Christine Laskin, Executive Director
5603 S. Braeswood Blvd.
Houston, TX 77096