



Reel Funder Form

Mail or Fax this form to:

The National Center for Jewish Film
Brandeis University, Lowm 102, MS 053
Waltham, MA 02454
Fax: 781-736-2070

Donor Information (please print or type)

Name	
Address	
City	
State	
Zip Code	
Telephone (home)	
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Please give a gift in my name to this institution

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State	
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Pledge Information

I (we) pledge a total of (circle one):

\$50 \$100 \$1,000 \$5,000 \$10,000 \$25,000 other: \$ _____

I (we) plan to make this contribution in the form of:

___ check ___ credit card

VISA/ MC number	
Exp. date	
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Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to National Center for Jewish Film.

Thank you for supporting Jewish film!