

# J-LEAD

## Membership Application

Name: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

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

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

I hereby acknowledge that I am joining J-LEAD, a program of the Jewish Community Foundation of Greater Kansas City (JCF), as a General Member. I recognize that the JCF is a charitable organization and that my \$500 charitable contribution entitles me to become a voting member of J-LEAD. I recognize that if I fail to make my annual payment, my membership will be terminated.

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

Date: \_\_\_\_\_

Please make checks payable to the JCF & mail to:

Jewish Community Foundation  
5801 W. 115th Street, Ste. 104  
Overland Park, KS 66211

Payment by Credit Card:

Card Type:      Visa      MC      AmEx      Dsc

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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