

# J-LEAD Membership Form

Name \_\_\_\_\_

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

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Email \_\_\_\_\_

Partner's Email \_\_\_\_\_

Phone \_\_\_\_\_

How did you hear about J-LEAD? \_\_\_\_\_

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 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, Suite 104 | Overland Park, KS 66211

## Payment by Credit Card

Card Type (circle one) Visa MC AmEx Dsc

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

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

Security Code \_\_\_\_\_ Amount \_\_\_\_\_

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

Signature \_\_\_\_\_

Credit card donations may also be made online at [jcfkc.org](http://jcfkc.org)