

The Jewish Burial Society
of Pinellas County, Inc.



Full Name _____

Address Line #1 _____

Address Line #2 _____

City, State, Zip Code _____

*No goods or services have been provided by JBS in connection with this gift.
Please consult with your tax advisor regarding any tax-related questions.*

P.O. BOX 40643, St. Petersburg, Florida 33743 | 727-531-0475 | www.chapelhillmemprk.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE 1-800-HELP-FLA OR VISITING WWW.FDACS.GOV/CONSUMERSERVICES. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.
(Registration #CH34452)

JBS ENDOWMENT CAMPAIGN

PLEDGE \$ _____

Make pledge payable over _____ years (circle below).

1 2 3 4 5

Signature _____ Date _____

Home/Cell Phone _____

Email _____

Method of Contribution

Enclosed is my check (Payable to the Jewish Burial Society of Pinellas County)

Bill me

Credit Card # _____

Expiration Date (MM/YY) _____ Billing Zip Code _____

**This is not a pledge. I intend to make a recommendation of \$ _____
to be distributed from my donor-advised fund or family foundation.**