



**JEWISH
NATIONAL
FUND**

Your Voice in Israel

Offline Gift Form

First Name: _____ Last Name: _____

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip: _____

Participant Name: _____ Participant VIS # (optional): _____

Participant Campaign/Fund Name: _____

RN #/ Project # (if applicable) _____

Note: If you weren't given a project number, it is likely not applicable.

Appeal #7015