



Berit Mila Program of Reform Judaism
National Organization of American Mohalim

c/o HUC-JIR
3077 University Avenue
Los Angeles, CA 90007-3796
Phone: 213.765.2180
Fax: 213.747.6128
beritmila@huc.edu
www.beritmila.org

Contribution Form

“As for you, you and your offspring to come through the ages shall keep My covenant.”
Genesis 17:9

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

All contributions are tax-deductible as provided by law

- This gift is in my name
- This gift is in honor of *(name)* _____
On the occasion of *(berit mila, anniversary, other)* _____
- This gift is made in memory of _____

Please send an acknowledgement without mentioning the amount to:

Name _____

Address _____

City _____ State _____ Zip _____

Contribution Amount \$ _____

- Enclosed is my check *(payable to NOAM, mailed to address below)*
- I wish to pay by credit card *(please complete the credit card authorization section below)*

Credit Card Authorization Section: Completing this section means that I authorize Hebrew Union College-Jewish Institute of Religion to charge my credit card for the contribution amount indicated above.

CC Type: Visa Mastercard Amex Discover Diners Club

Name on Card _____ Exp. _____ Security Code _____

Signature *(can type)* _____