



Check Donation Form

Personal Information

Last name: _____

First name: _____

Date: _____

Email address: _____

Phone number: _____

Mailing address: _____

Birthday: _____

We'd love to know more about you! What are some of your favorite books/genres?

Donation Information (Please check one)

Donation type:

One Time

Monthly Recurring

Membership

Donation amount: _____

Membership level (if applicable):

Friend of Jewish Book Council - \$118

Readers Circle - \$360

Editors Circle - \$540

Publishers Circle - \$1800