



The Orthodox Jewish Community Fund

1303 53rd St #303  
Brooklyn NY 11219  
Tel: 1-718-599-1400  
Fax: 1-718-599-1444  
Email: admin@ojcfund.org

# Donor Application

Date \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY ALL IN **CAPITAL LETTERS** USING BLACK INK.

## GIVING ACCOUNT HOLDER INFORMATION:

(NAME OF PRIMARY ACCOUNT HOLDER TITLE (E.G. RABBI, MR., MS., ETC.) FIRST, MIDDLE INITIAL, LAST)

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
(OPTIONAL)

Home Address: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## REFERENCES

Please provide us with two references such as a donor/participant with The OJC Fund, accountants, etc.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT THE OJC?

This information is requested in order to better understand our donors/recommenders so we can continue to provide them with relevant programs and services.

Name: \_\_\_\_\_

Advertisement. Please state source of advertisement: \_\_\_\_\_

YOU MAY SUBMIT YOUR APPLICATION BY EMAIL OR FAX