



GIFT FORM / CREDIT CARD AUTHORIZATION

Name/Address _____

1. Payment Method

- I would like to make a **one-time gift** in the amount of \$_____.
 Payment to "JABA, Inc." by: check credit card cash
 Credit card type (Visa/MasterCard | Exp Date) _____
 Credit card number _____
 Authorized signature _____
 CVC code _____
- I would like to **give monthly** via the above credit card. I authorize:
 - payment of \$_____ each month starting _____ (day/month/year) and ending _____ (day/month/year) for a total of \$_____
 - payment of \$_____ each month starting _____ (day/month/year) and automatically renewed each year until such time as I notify JABA in writing.
- I would like to **make a pledge in the amount of** _____, **payable by:** _____
 (a payment reminder will be sent on the first of the month)

2. Gift Restrictions

- My gift will be unrestricted. This choice permits JABA to apply my gift where the need is greatest.
- Designate my gift to the following JABA program or center: _____

3. Acknowledgement Information

My gift is in honor of in memory of holiday gift for _____

Please send an acknowledgement of my gift to the following address:

Name (if different than above) _____

Address _____

City / State / ZIP _____

- I would like to be listed in JABA's Annual Report as follows: _____
- I wish to have my gift remain anonymous.

Signature _____ Date _____

Please return completed form to Kim Peel, Director of Philanthropy, JABA, Inc., 674 Hillsdale Dr., Suite 9, Charlottesville, VA 22901. For more information: (434.817.5221 or kpeel@jabacares.org)