

# Kalsman Institute on Judaism and Health at HEBREW UNION COLLEGE – JEWISH INSTITUTE OF RELIGION

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I/We wish to support the Kalsman Institute on Judaism and Health with a gift/pledge of:

- |   |                                   |
|---|-----------------------------------|
| <input type="radio"/> \$80,000 Endow a Pastoral Internship                        | <input type="radio"/> \$5,000     |
| <input type="radio"/> \$40,000 Fund an Annual Pastoral Internship                 | <input type="radio"/> \$1,000     |
| <input type="radio"/> \$20,000 Fund a Kalsman Institute Field Building Initiative | <input type="radio"/> \$500       |
|   | <input type="radio"/> Other _____ |

\_\_\_\_\_  
NAME (PLEASE PRINT) BUSINESS

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SIGNATURE FOR PLEDGE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY STATE/ZIP

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\_\_\_\_\_  
CITY STATE/ZIP

( ) ( )  
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This gift is:  In honor of  In memory of \_\_\_\_\_

Barbara S. Zolla Memorial Pastoral Internship  William Cutter Pastoral Internship  Other

Please send acknowledgment to \_\_\_\_\_

\_\_\_\_\_  
HOME ADDRESS CITY STATE/ZIP

The pledge will be paid in full by \_\_\_\_\_ (date) and statements should be sent:

annually  semi-annually  quarterly

Enclosed is a check payable to HUC-JIR in the amount of \$ \_\_\_\_\_

Please charge my  AMEX  DISC  VISA  MC  DINERS

\_\_\_\_\_  
CARD # EXP. DATE

\_\_\_\_\_  
SIGNATURE FOR CREDIT CARD PAYMENT

My employer will match my gift, I have enclosed my matching gift form.

\_\_\_\_\_  
EMPLOYER NAME

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