



YES, I want to support the Jackie Robinson Foundation.

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Date of Birth _____ / _____ / _____

Please use my tax-deductible gift to help young people get the education they so richly deserve.

- \$5,000 \$1,000 \$250
 \$2,500 \$500 Other \$ _____

FORM OF PAYMENT

Please make check or money order payable to The Jackie Robinson Foundation. The Jackie Robinson Foundation also accepts VISA, MasterCard and American Express.

- VISA MasterCard American Express

Name as it appears on card _____
(Please print)

Card No. _____ Expiration Date _____ / _____ CVC/CVV _____

Signature (required) _____

- My company will match my contribution. I have enclosed the Matching Gift Form (usually obtained from the company's benefits office).
- I would like information on sponsoring a JR Scholar. Please contact me at (____)_____.
- My gift is given in memory of/thanksgiving for _____. If you would like us to inform the honoree of the gift made in their name, please provide their mailing address:

Contact Information:
The Jackie Robinson Foundation
75 Varick Street, 2nd floor,
New York, New York 10013-1947
JRF Federal Tax I.D. No.: 1 3-2 8 9 6 3 4 5

THANK YOU FOR YOUR SUPPORT OF JRF!