



Lev LaLev Girls Orphanage

Donation Form

Donation Amount: \$_____

Payment Method: Check Cash Credit Card Other:_____

Please repeat this donation monthly to constantly help the girls in Israel.

Credit Card #:_____

Exp. Date: _____/_____

Signature:_____

Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Please mail me a tax receipt.

Please send tribute card:

Memorial

Honor

In honor of:_____

Message:

Include gift amount on card

- Please send your form to:
Mail: Lev LaLev Girls Orphanage
P.O.B. 1210
Monsey, NY 10952
Fax: 845.694.7111