



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