



Pledge Form

Thank you very much for your generous donation. Your support helps Lost Tribe educate and engage a generation of Jewish children, teens, and young adults—strengthening their Jewish identity, building Jewish friendships, and encouraging participation in Jewish life.

Lost Tribe is a 501c3 public charity. Your donation is tax-deductible under IRC Section 170.

I/We agree to make a gift to support **Lost Tribe** in the amount of \$_____.

Payment enclosed: \$_____

Please bill me: Annually for \$_____

Semi-annually for \$_____

Payment by Stock Transfer. *Please contact Lenny Silberman to expedite this transaction, at 917-414-1133 or Lenny44@LostTribe.org*

Checks should be made payable to **Lost Tribe.**

Please mail your check to:
Lost Tribe
11871 East Del Timbre Drive
Scottsdale, AZ 85259

Name(s): _____

Address: _____

City, State Zip: _____ Phone: (____) _____

Email address: _____

Signature(s): _____ Date _____

Signature(s): _____ Date _____

How would you like your name(s) to appear on our Wall of Honor? _____

Please do **not** publish my name.

*If you have any questions, please contact Lenny Silberman, Founder & CEO
cell: 917-414-1133 or email: Lenny44@LostTribe.org*

Thank you for your generosity.