

Our Mission

The Palm Beach Fellowship of Christians & Jews is dedicated to promoting fellowship, understanding, and respect among all religions and cultures; to bringing the community together through education, dialogue, and interaction; and to addressing issues rooted in intolerance, anti-Semitism, and unjust discrimination.

oin us as we embark on the 2024-2025 Season!

FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352 WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY

ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Exciting plans are in the works to inspire, educate, and bring the community together as we strive to fulfill our mission above. With your support, we will continue to provide meaningful programs to explore and share common bonds. We rely on members like yourself to help maintain the high caliber of our activities, and to increase and enhance our efforts, especially working with educators and young people.

Visit www.palmbeachfellowship.net and our Facebook page to stay up to date on our events and activities!

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Membership Application			Please print clearly.	
			Name(s)	
mission of the F	ellowship	ity who are committed to the through their support of its	Preferred Mailing Address *	
		all 561-833-6150 or email us at p.net for more info, and add your	City/State/ZIP	
		list of generous supporters!	Preferred Telephone ()	
Complete this from and mail with your payment to: Palm Beach Fellowship			E-mail **	
PO Box 507 Palm Beach, FL 33480			* If you have a seasonal address, please add w/approximate dates below. ** Be assured that we use e-mail very sparingly for event reminders and other notices	
You may also call 561-833-6150 to pay by credit card.			☐ Check Enclosed	
Yes, I/we wish to support the projects and programs			(payable to Palm Beach Fellowship) - Check No	
of the Palm Beach Fellowship of Christians & Jews.			☐ Credit Card (circle one) Visa MasterCard Discover AmEx	
Membership Level:	\$100 \$150	☐ Individual ☐ Friend		
	\$250 \$500	☐ Family ☐ Supporter	Name as Written on Credit Card	
	\$1,000 \$2,500	□ Patron □ Benefactor	Expiration Date CVC Code	
	\$5,000	☐ Chairman's Council☐ Founder's Society	Account Number	
☐ I/we give permission to be acknowledged publicly.			☐ Billing Address (if different from above):	
Memberships cover the fiscal year July 1, 2024 - June 30, 2025. We do not sell or share donor information.			Address	
Named program sponsorships also available, call for details!			City/State/ZIP	
			☐ Seasonal Information (if applicable):	
		OF CHRISTIANS & JEWS IS A 501(C)(3) ORIDA DEPARTMENT OF AGRICULTURE		
AND CONSUMER SE ARE TAX-DEDUCTIBL	RVICES REGILE TO THE EX	STRATION #SC-06327. CONTRIBUTIONS TENT ALLOWED BY LAW. A COPY OF THE	Address	
OFFICIAL REGISTRA	TION AND FIN	IANCIAL INFORMATION MAY BE OBTAINED	Ci. Ic ITD	

City/State/ZIP

Approximate seasonal dates: ______ to ___