

DONATION FORM

When making a donation, please complete this form and send it with your check or credit card information.

Donations may be made to the following funds:

Fund	Amount	Fund	Amount	Fund	Amount	Fund	Amount
Adult Education		Education (Rel. School)		Kitchen		Sisterhood	
Building		Endowment		Library		Youth Group	
Kiddush		Tree of Life		MAZON		Torah	
Chevra Kaddisha		Gan Shalom Preschool		Rabbi's Discretionary		Prayer Book	
Joseph's Dream Child Care		General		Green Campership			

This Contribution is from:

Name(s): _____

Address: _____

Phone: _____

<input type="checkbox"/> In Honor of/ <input type="checkbox"/> In Memory of: _____
<input type="checkbox"/> In Honor of/ <input type="checkbox"/> In Memory of: _____
<input type="checkbox"/> Other _____

CREDIT CARD INFORMATION

Name: _____ Date: _____

Card Number: _____

VISA MasterCard Expiration Date: _____

Signature: _____

Please send notification to: *(Attach additions to this form)*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Charge My Credit Card (Listed to the left) Check Enclosed

Additional Comments:

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