

# 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		100 <sup>th</sup> Anniversary	

*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 _____	

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

CREDIT CARD INFORMATION	
Name: _____	Date: _____
Card Number: _____	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Expiration Date: _____
Signature: _____	

Additional Comments:

<p>Additional Comments:</p>
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