



Donation Form

I wish to make my gift: (in honor of) _____
(in memory of) _____

My Name _____

Address _____ City _____ State _____ Zip _____

(Please check the appropriate fund(s) and fill in dollar amount)

- Leveteynu Fund \$ _____ Cantorial Fund \$ _____ Rabbi's Discretionary Fund \$ _____
 Keshet Fund \$ _____ Preschool Fund \$ _____ General Fund \$ _____
 Religious School Scholarship Fund \$ _____ Other _____ \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Please send acknowledgement card to:

Name _____

Address _____

City _____ State _____ Zip _____