



Kol Nidre 5782 / 2021 Appeal

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone: _____

Circle Amount:

\$20,000 \$15,000 \$10,000 \$5,000 \$3,600 \$2,500 \$2,000

\$1,800 \$1,000 \$500 \$360 \$250 \$180 \$72

Other \$ _____

Check Enclosed: _____

Please bill me: _____

Please send to:

Congregation Sons of Israel
1666 Pleasantville Rd
Briarcliff Manor, NY 10510