

DONATION FORM

For your donations to one of the funds listed below, please mail this form with check or call the office 804-740-4747:

**Congregation Or Atid
10625 Patterson Avenue
Henrico, VA 23238**

In Honor Of:

In Memory Of:

For a Speedy Recovery ____, Mazel Tov ____, Other: _____

From:

To:

Apply my donation to the following fund:

Funds please check one:

Method of Payment: Check, MC or Visa CC

Check: # _____ \$ _____

- | | |
|---|--------------------------|
| <input type="checkbox"/> General Fund | Credit Card _____ |
| <input type="checkbox"/> Kerper Floral Fund | \$ _____ Exp. Date _____ |
| <input type="checkbox"/> Library Fund | Security Code _____ |
| <input type="checkbox"/> Helen and Sam Kornblau Religious School Education Fund | |
| <input type="checkbox"/> Membership & Care Fund | |
| <input type="checkbox"/> Youth Music Fund | |
| <input type="checkbox"/> Gan Chesed Garden Fund | |
| <input type="checkbox"/> Music Program Fund | |

☐ Rabbi's Discretionary Fund: **Please send this donation directly to Or Atid attention Rabbi.**

☐ COA Endowment Fund: **Please make checks out to RJF for COA Endowment**

YOUR DONATION IS GREATLY APPRECIATED