

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: # _____ \$ _____

_____ General Fund Credit Card _____
_____ Kerper Floral Fund \$ _____ Exp. Date _____
_____ Library Fund Security Code _____
_____ Helen and Sam Kornblau Religious School Education Fund

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

YOUR DONATION IS GREATLY APPRECIATED