



**We appreciate all contributions
and suggest a minimum donation of \$18 per acknowledgment.**

TEMPLE BETH-EL DONATION FORM

Your Name(s) _____ Today's Date _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ Please confirm my donation via email. My email address is: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> TBE General Fund | <input type="checkbox"/> Matthew Schaffer-Schwartz ^z 7 Tikkun Olam Award Fund (<i>Payable to: MSSM Fund</i>)* | <input type="checkbox"/> Rabbi Helbraun's Discretionary Fund (<i>Payable to: Rabbi Helbraun's Discretionary Fund</i>)* |
| <input type="checkbox"/> Blitz Family Children's Cultural Arts Fund (<i>Payable to: BFCCA Fund</i>)* | <input type="checkbox"/> Memorial Fund | <input type="checkbox"/> Social Action Fund |
| <input type="checkbox"/> Cantor's Discretionary Fund (<i>Payable to: Cantor Kahan's Discretionary Fund</i>)* | <input type="checkbox"/> Steinberg Education Fund (<i>Payable to: Milton Steinberg Education Fund</i>)* | <input type="checkbox"/> TBE Endowment Fund (<i>Payable to TBE Endowment Fund</i>)* |
| <input type="checkbox"/> Campaign for Religious Equality in Israel | <input type="checkbox"/> Mishkan T'filah Prayer Book Plate (\$36 minimum donation) | <input type="checkbox"/> TBE Men's Club (<i>Payable to: TBE Men's Club</i>)* |
| <input type="checkbox"/> Free Will | <input type="checkbox"/> Perpetuation Fund | <input type="checkbox"/> TBE Sisterhood (<i>Payable to: TBE Sisterhood</i>)* |
| <input type="checkbox"/> Kaplan Camp Scholarship Fund | <input type="checkbox"/> Phyllis Natalie Podolsky ^z 7 Library Fund (<i>Payable to: PPML Fund</i>)* | <input type="checkbox"/> Torah Fund |
| <input type="checkbox"/> Libby Golden ^z 7 Memorial Fund (<i>Payable to: Libby Golden Memorial Fund</i>)* | | <input type="checkbox"/> Tree of Life \$154/leaf (Leaf wording form will be sent) |
| | | <input type="checkbox"/> Yahrzeit Fund |
| | | <input type="checkbox"/> YoBE – Youth of Beth-El (<i>Payable to: YoBE</i>)* |

*Unless otherwise indicated above, please make all checks payable to: Temple Beth-El - 3610 Dundee Rd. Northbrook, IL 60062

Please check one: ☐ In loving memory ☐ Speedy recovery ☐ In honor of ☐ (other) _____

Name(s) _____

Send Acknowledgement Card to: Name(s) _____

Address _____ City _____ State _____ ZIP _____

Email _____

Credit Card: ☐ Amex ☐ Discover ☐ MasterCard ☐ Visa Credit Card No. _____

Exp. Date _____ Security Code _____ Charge Amount \$ _____ - or - Check Amount (Enclosed) \$ _____

PLEASE CONSIDER ADDING 3% TO YOUR DONATION PAID BY CREDIT CARD TO COVER OUR PROCESSING FEES.

3-14-19

Please return the completed form with your payment to:

Temple Beth-El
3610 Dundee Road
Northbrook, IL 60062