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TEMPLE BETH TORAH, MELVILLE, NEW YORK

_____ Date

For Discretionary Funds: Checks must be made directly to the Clergy's Discretionary Fund of your choice NOT TBT (e.g. Rabbi Moskowitz Disc Fund)

Amount: \$ _____ Fund: _____

From: _____

In honor of: _____

In memory of: _____

Speedy recovery of: _____

Other: _____

Send acknowledgement to: _____

Credit or Debit Card (Circle One) Card # _____
3% Fee on Credit

Expiration Date: _____ Security Code: _____

For Office Use Only:

Paid: \$ _____ Check #: _____ Sent: _____ Arc: yes no

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