

TEMPLE BETH EL CONTRIBUTION FORM

Date: _____

Contribution is made in:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Honor | <input type="checkbox"/> Memory of _____ |
| <input type="checkbox"/> Appreciation | <input type="checkbox"/> Get well wishes |
| <input type="checkbox"/> Birthday | <input type="checkbox"/> Anniversary |

To be appropriated to:

- | | |
|---|---|
| <input type="checkbox"/> General Fund | <input type="checkbox"/> Sharing & Caring Fund |
| <input type="checkbox"/> Rabbi's Discretionary Fund | <input type="checkbox"/> Oneg Fund |
| <input type="checkbox"/> Religious School Fund | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> Linda Sweet Scholarship Fund | <input type="checkbox"/> Esther & Samuel Doctor Memorial Safety & Security Fund |
| <input type="checkbox"/> Cantor Fund | |
| <input type="checkbox"/> Cemetery Fund | |

Donation Amount: \$ _____

Payment Method:

CC# _____
 Exp. ___ / ___ Code: _____
 Check # _____ Cash: _____

Acknowledgement to be sent to:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Contributions made by:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Announce this contribution in the bulletin: Yes No

Message with contribution:

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For Administrative Use Only

Contribution received by Accounting: Yes Date: _____
 Thank you or Acknowledgement Card sent: Yes Date: _____
 Information entered in Bulletin: Yes Date: _____