



Donation Form

Name of Donor(s): _____ DONATION AMOUNT \$ _____

Address: _____

City, State, Zip: _____

Phone number: _____ Email: _____

Please indicate which fund or funds you wish to support. Indicate the percentage if two or more are chosen. Visit the "Donate" page on our website www.adatreyim.org for descriptions of these funds.

- | | |
|--|---|
| <input type="checkbox"/> General Fund | <input type="checkbox"/> Interior Rejuvenation Campaign |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Mark Nebel Scholarship Fund |
| <input type="checkbox"/> Annual High Holiday Appeal | <input type="checkbox"/> Men's Club |
| <input type="checkbox"/> Caring Committee Fund | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Choir Fund | <input type="checkbox"/> Rabbi Aft Pulpit Fund |
| <input type="checkbox"/> Create a Jewish Legacy Endowment Fund | <input type="checkbox"/> Rabbi Search Committee |
| <input type="checkbox"/> Ebert-Loveland Lunch & Learn Fund | <input type="checkbox"/> Religious School |
| <input type="checkbox"/> Elijah's Fund | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Folk Group Fund | |

Do you want this to be an anonymous donation? (Circle one) **YES** **NO**

TRIBUTE INFORMATION (Optional)

This donation is made (circle one) **In Honor Of** **In Memory Of**

Name of the person you wish to honor or remember: _____

Name of the person to be notified of this gift: _____

Street Address: _____ City, State, Zip: _____

How would you like the card signed: _____

PAYMENT INFORMATION

Check enclosed. Make your check payable to **Congregation Adat Reyim**.

Master Card or Visa Credit Cards (a 3% service fee will be added)

Credit Card Number _____ Expiration date: _____

Name on Credit Card: _____ Signature: _____

Billing Address: _____ City, State, Zip: _____

Phone number: _____ Email: _____

**Mail this form and your payment to Congregation Adat Reyim, 6500 Westbury Oaks Court, Springfield, VA 22152
703-569-7577**