



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.

_____ **General Fund**

_____ Adult Education

_____ Annual High Holiday Appeal

_____ Caring Committee Fund

_____ Choir Fund

_____ Create a Jewish Legacy Endowment Fund

_____ Ebert-Loveland Lunch & Learn Fund

_____ Elijah's Fund

_____ Folk Group Fund

_____ Interior Rejuvenation Campaign

_____ Mark Nebel Scholarship Fund

_____ Men's Club

_____ Preschool

_____ Pulpit Fund

_____ Rabbi Search Committee

_____ Religious School

_____ Sisterhood

_____ Rabbi Emeritus Bruce and Sue

Aft Gemilut Chesed 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