



# Family to Family

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Enclosed is my contribution in the amount of:

\$3,600     \$1,800     \$540     \$360     Other: \$ \_\_\_\_\_

Name of Donor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Method of Payment:  Check Enclosed     Credit Card (Visa/Mastercard)

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Donations are tax deductible to the extent allowed by law.

**Please return completed form to:  
Congregation Shalom  
7630 N. Santa Monica Blvd.,  
Milwaukee, WI 53217**

**If you have questions regarding Family to Family, please contact Linda Holifield at [linda@congregationshalom.org](mailto:linda@congregationshalom.org) or (414) 352-9288.**

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