

DONATIONS & CONTRIBUTIONS

Donation From:			
Name:			
Address:	City, State, Zip	Phone #:	
Donation Acknowledger	nent Sent To		
Address:	City	r, State, Zip	_
Donation Occasion			
🔲 In Honor of: 🗔 Birth 🗔 Enga	agement 🗀 Marriage 🗀 Birthday (🗀 Anniversary 🗀 Bat Mitzvah 🗌	🗋 Bar Mitzvah
□ In Memory of:	\Box On the Loss of:	\Box In Deepest Sympath	ny of:
at yahrzeit:			
Get Well Wishes to:	Speedy Recovery to:		
Mazel Tov on:	□ In Celebration of:	Congratulations on	:
□ Other:			
Fund: 🗌 Adult Ed 📄 Rabbi's Discr 🗌 Etz Hayim 🗌 Cantor's Disc	·	☐ Youth Initiative ☐ Zeramby \	den Fund Wall of Tribute
	minimum)	e see the next page.	
We invite yo in memory of a departed love	et to sponsor a Kiddush luncheon a u to sponsor or co-sponsor a Kiddu ed one, on the occasion of a special available dates, please contact the o	ush on a Shabbat morning: I simchah, or simply as a mitzval	h for Temple Sina
For office Use: Received://	Received by:	_ Date Acknowledgement Sent:	//