



## CONGREGATION ETZ CHAIM DONATION FORM

Donated by: \_\_\_\_\_

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

### **OPPORTUNITIES FOR GIVING:** Please apply this contribution to:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Building Enhancement                         | <input type="checkbox"/> Preschool                       | <input type="checkbox"/> Sanctuary Wall Sculpture                 |
| <input type="checkbox"/> Building Capital                             | <input type="checkbox"/> Preschool (Playground)          | <input type="checkbox"/> Social Action                            |
| <input type="checkbox"/> College Connection                           | <input type="checkbox"/> Rabbi Kerbel Discretionary      | <input type="checkbox"/> Staff Appreciation Endowment             |
| <input type="checkbox"/> General                                      | <input type="checkbox"/> Rabbi Lewis Discretionary       | <input type="checkbox"/> The Milton B. Berland Memorial Endowment |
| <input type="checkbox"/> Gertrude & Joe Wilensky Memorial Endowment   | <input type="checkbox"/> Rabbi Shalom J. Lewis Endowment | <input type="checkbox"/> Tree of Life                             |
| <input type="checkbox"/> Kazer-Lipson Library                         | <input type="checkbox"/> Radow Youth Endowment           | <input type="checkbox"/> Youth                                    |
| <input type="checkbox"/> Kitchen                                      | <input type="checkbox"/> Radow Youth Endowment           | <input type="checkbox"/> Youth Scholarship                        |
| <input type="checkbox"/> Linda H. Weinroth Education Fund             | <input type="checkbox"/> Robert Klein Memorial Chesed    | <input type="checkbox"/> *Bob Goldman Scholarship                 |
| <input type="checkbox"/> Morris Frank Sacred Text                     |  | <input type="checkbox"/> **Sisterhood                             |
| <input type="checkbox"/> Phillip Michael Silverman Memorial Endowment |  |   |

**IN HONOR OF** \_\_\_\_\_

**IN MEMORY OF** \_\_\_\_\_

**Acknowledge to Donee** \_\_\_\_\_

**Address** \_\_\_\_\_

### **MESSAGE**

Please indicate your e-mail so we can notify you that the donation acknowledgement has been sent \_\_\_\_\_

If you do not have an e-mail address, an acknowledgement will be sent via postal mail.

### **THANK YOU!**

Appropriate acknowledgement and notification will be made promptly to person(s) indicated.

**PLEASE MAKE CHECKS PAYABLE TO: CONGREGATION ETZ CHAIM**

All contributions are tax deductible.

\* Please make check payable to Men's Club

\*\* Please make check payable to Sisterhood

For acknowledgement and inclusion in the Voice of Chaim, minimum contribution is \$10. For additional information, please call (770) 973.0137