

# CONGREGATION ETZ CHAIM DONATION FORM



Donated By: \_\_\_\_\_

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

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

*Please indicate your email so that we can acknowledge your donation. If you do not have an email address, we will send an acknowledgement via regular mail. If you do not require an acknowledgement for your donation, please check this box*

## FUNDS:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> General                          | <input type="checkbox"/> Morris Frank Sacred Text                                       | <input type="checkbox"/> Social Action   |
| <input type="checkbox"/> Building Enhancement             | <input type="checkbox"/> Preschool  | <input type="checkbox"/> Tree of Life* (plaque purchase required)  |
| <input type="checkbox"/> College Connection               | <input type="checkbox"/> Preschool Playground   | <input type="checkbox"/> Youth   |
| <input type="checkbox"/> Kazer-Lipson Library             | <input type="checkbox"/> Rabbi Kerbel Discretionary Fund                                | <input type="checkbox"/> Youth Scholarship   |
| <input type="checkbox"/> Kitchen                          | <input type="checkbox"/> Rabbi Lewis Discretionary Fund                                 | <input type="checkbox"/> Bob Goldman Scholarship Fund**<br><i>(make check payable to Etz Chaim Men's Club)</i> |
| <input type="checkbox"/> Linda H. Weinroth Education Fund | <input type="checkbox"/> Robert Klein Memorial Chesed                                   | <input type="checkbox"/> Sisterhood**<br><i>(make check payable to Etz Chaim Sisterhood)</i>                   |
|   | <input type="checkbox"/> Sanctuary Wall Sculpture*<br><i>(plaque purchase required)</i> |  |

## ENDOWMENTS:

- |   |  |
|---|--|
| <input type="checkbox"/> Cynthia R. Freeman Memorial Endowment        | <input type="checkbox"/> Rabbi Shalom J. Lewis Endowment |
| <input type="checkbox"/> Gertrude & Joe Wilensky Memorial Endowment   | <input type="checkbox"/> Radow Youth Endowment           |
| <input type="checkbox"/> Phillip Michael Silverman Memorial Endowment | <input type="checkbox"/> Sisterhood Sustaining Endowment |
| <input type="checkbox"/> Staff Appreciation Endowment                 |  |

- IN HONOR/APPRECIATION OF       IN MEMORY OF       A SPEEDY RECOVERY TO

NAME:

ACKNOWLEDGE RECIPIENT(S): \_\_\_\_\_  
 \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

MESSAGE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appropriate acknowledgement and notification will be made promptly to the person(s) indicated. PLEASE MAKE CHECK PAYABLE TO: CONGREGATION ETZ CHAIM (except for funds indicated otherwise).

*Minimum donation for inclusion in the Voice of Chaim is \$10.*

ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE