

TEMPLE SHALOM TRIBUTES

Your gift becomes a significant building tool for our Temple as well as a meaningful remembrance. Temple Shalom will send appropriate acknowledgements conveying your thoughtful intentions.

DONOR The enclosed gift of \$ _____ is from:

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

My donation to be applied to the following fund(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Endowment | <input type="checkbox"/> President's Good Works Fund |
| <input type="checkbox"/> Alan Marcus Jacobus Memorial Fund <i>(Adult Education)</i> | <input type="checkbox"/> General | <input type="checkbox"/> Rabbi Boxman's Discretionary Fund |
| <input type="checkbox"/> Barbara Mintz Sisterhood Education | <input type="checkbox"/> Greene Family Camp | <input type="checkbox"/> Rabbi Paley's Discretionary Fund |
| <input type="checkbox"/> Beautification/Flower Fund | <input type="checkbox"/> Helen Hoodin Roseman Early Childhood Education Endowment | <input type="checkbox"/> Rabbi Roseman's Discretionary Fund |
| <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Hoffman Family Youth Education | <input type="checkbox"/> Rabiner Children's Library |
| <input type="checkbox"/> Building | <input type="checkbox"/> Julia Michele Warren Scholarship <i>(Greene Family Camp)</i> | <input type="checkbox"/> Radnitz Cantorial Endowment |
| <input type="checkbox"/> Cantor Avery's Discretionary Fund | <input type="checkbox"/> Music | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Cantor Croll's Discretionary Fund | <input type="checkbox"/> Prayer Book Fund | <input type="checkbox"/> Tikkun Olam/Social Action |
| <input type="checkbox"/> Caring Congregation | | <input type="checkbox"/> Youth Activities <i>(Scholarship)</i> |
| <input type="checkbox"/> Employee Appreciation | | <input type="checkbox"/> Youth Education General Fund |
| <input type="checkbox"/> Epstein Chapel | | |

A minimum contribution of \$10.00 per acknowledgement is suggested.

- I do not need an acknowledgement of my donation. My check is my receipt.

I WISH TO COMMEMORATE

Please notify the following individual(s) that a donation has been made:

NAME _____

ADDRESS _____ CITY _____ ZIP _____

- In memory of (NAME) _____ (RELATIONSHIP) _____
- In honor of (NAME) _____ (RELATIONSHIP) _____

For the following occasion: _____

- For speedy recovery of (NAME) _____
- For the following occasion: _____

*When donations will include more than one acknowledgment, please list those to be notified on a separate sheet and enclose.