

## 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 \_\_\_\_\_

EMAIL \_\_\_\_\_

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

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

*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 \_\_\_\_\_

EMAIL \_\_\_\_\_

- 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.