

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.

Mail to: Temple Shalom, 6930 Alpha Road, Dallas, TX 75240

DONOR

The enclosed gift of \$_____ is from:

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____

My donation is to be applied to the following fund:

- | | |
|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Justice Garden |
| <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Music |
| <input type="checkbox"/> Buildings & Grounds | <input type="checkbox"/> Prayer Book Fund |
| <input type="checkbox"/> Cantor Croll's Discretionary Fund | <input type="checkbox"/> President's Good Works Fund |
| <input type="checkbox"/> Caring Congregation | <input type="checkbox"/> Rabbi Paley's Discretionary Fund |
| <input type="checkbox"/> Employee Appreciation | <input type="checkbox"/> Security & Safety |
| <input type="checkbox"/> Endowment | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Epstein Chapel | <input type="checkbox"/> Tikkun Olam/Social Action |
| <input type="checkbox"/> Julia Michele Warren Scholarship
(Greene Family Camp) | <input type="checkbox"/> Youth & Family Education |

A minimum contribution of \$18.00 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: _____