CONTRIBUTIONS TO TEMPLE BETH EL

FROM: NAME: _____DATE _____

ADDRESS: _____CITY _____ STATE _____ZIP _____

TO: NAME: _____

ADDRESS: _____CITY _____ STATE _____ZIP _____

IN MEMORY OF: _____

IN HONOR OF: _____

TO THE RECOVERY OF: _____

FUNDS: Please **indicate** amount – minimum $10

ADULT EDUCATION FUND	$_____
ALMA & DANIEL KOMMIT CHOIR FUND	$_____
CAMP FUND	$_____
CAPITAL IMPROVEMENT FUND	$_____
CARING COMMUNITY COMMITTEE FUND	$_____
CAROLE VOLKMAN KITCHEN FUND	$_____
CHAI TRIBUTE FUND	$_____
GENERAL FUND	$_____
ISRAELI BONDS FUND	$_____
JORDAN YURKEW MEMORIAL FUND	$_____
JUDY JACOBY SPECIAL ED. FUND	$_____
LIBRARY FUND IN MEMORY OF RHEA LIEBMAN	$_____
MARJ BLAUMAN MEMORIAL FUND	$_____
MILTON GERSHON YOUTH SCHOLARSHIP FUND	$_____
SEYMOUR LILKER MIROSLAV HOLOCAUST MEM. FUND	$_____
MUSIC & CULTURAL ARTS FUND	$_____
ONEG & FLOWER FUND	$_____
PRAYER BOOK/BIBLE FUND ($25)	$_____
RABBI SCHATZ MEMORIAL LIBRARY FUND	$_____
RELIGIOUS SCHOOL ENRICHMENT FUND	$_____
RITUAL BEAUTIFICATION FUND	$_____
SCHOLAR-IN-RESIDENCE FUND	$_____
SOCIAL ACTION FUND	$_____
YOUTH AND FAMILY FUND	$_____
YVONNE COHEN MEMORIAL FUND	$_____

PLEASE **CHECK** PAYMENT METHOD**:**

Bill to Account _____

Check (please write check #) _____

Cash _____

Credit Card _____

(Please contact office at 631-421-5835 with credit card.)

MEMORIAL PLAQUE ($500)

NAME: _____

DATE OF DEATH: _____

TREE OF LIFE ($500)

INSCRIPTION: _____

_____

_____

_____

_____

CHAPEL PEW SEAT PLATES ($125)

INSCRIPTION: _____

_____

_____

*****CANTOR'S DISCRETIONARY FUND $_____

*****RABBI CLOPPER'S DISCRETIONARY FUND $_____

*****50TH ANNIVERSARY FUND $_____

*****Payment for these funds must be paid by separate check payable to Temple Beth El. **PLEASE NOTE THAT PAYMENT MAY NOT BE MADE WITH A CREDIT CARD AND CANNOT BE COMBINED WITH OTHER PAYMENTS.**