Temple Beth Israel Mail-in Donation Form

Donated by: First Name(s):	Last Name:		
Address:		_ Apt. No	
City:	_State:	Zip Code:	
Phone:			
Email:			
Select the fund you would like to donate	to:		
DIRECTED GIVING FUNDS			
Insert amount			
 General Operating Fund for a variety of operating needs Maintenance and Improvement Fund for a variety of operating needs High Holy Day Appeal Rabbi's Dedicated Fund 			
Randon of the generation of the generati			
President's Discretionary Fund for individual needs	assistance of co	ommunity and	
Scholar-in-Residence Fund to bring an educational benefit to the me		ars to the Temple as	
Caring Committee Shiva Fund Micki Groper Music Fund for music items	, musical progr	ams and related	
SPECIAL DONATIONS:			

Rabbi's Discretionary Fund allows the Rabbi to provide congregational and individual assistance and benefit the community (**Note**: Donations the Rabbi's Discretionary Funds cannot be processed by credit card. Please write a check made out to Rabbi Carla Freedman Discretionary Fund)

_____Yahrzeit made in memory of loved ones on the anniversaries of of their death.

Note: Memorial Leaf/Plaque Donations, Bricks for Memorial Garden and Chair and Book Plaques require Inscription Form. Forms are available online or in the notice holder in the vestibule. Fill out form and mail to Beth Israel PO Box 5203 Sun City Center, FL 33570

Memorial plaques -cost to member (\$275.00)
cost to non-member (\$325.00)
Bricks at meditation garden (\$100.00)
Tree of life: leaf (\$100.00) plaque (\$275.00)
Prayer books (\$36.00)
Chair plaques (\$75.00)

I will make an additional donation of \$3.00 to help offset the cost of using a credit card.

____Yes No_____

TOTAL_____

Send Acknowledgement to:

First Name(s):Last Name:	
--------------------------	--

Address:______Apt. No._____

City:_____State:____Zip Code_____

Donation Reason_____(in honor of, etc.)

Print and mail the completed form with your check or credit card information to:

Beth Israel the Jewish Congregation of Sun City Center P. O. Box 5203 Sun City Center, FL 33571

Payment Information:

Credit Card: Visa Master Card Discover American Express

Card Number:______(no spaces or dashes)

Expiration Date: _____(mm/yy)

Card CVV Code: _____

3 or 4 digit code