

DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_

GIVEN BY: \_\_\_\_\_  
\_\_\_\_\_

IN HONOR/MEMORY/GOOD HEALTH WISHES  
\_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_

TEMPLE FUNDS:

SISTERHOOD

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> TEMPLE        | <input type="checkbox"/> NACHAS     |
| <input type="checkbox"/> YAHRZEIT      | <input type="checkbox"/> MITZVAH    |
| <input type="checkbox"/> KIDDUSH/CHAI  | <input type="checkbox"/> FLOWER     |
| <input type="checkbox"/> PRAYER BOOK   | <input type="checkbox"/> TORAH FUND |
| <input type="checkbox"/> DISCRETIONARY | <input type="checkbox"/> GENERAL    |
| <input type="checkbox"/> MINYAN        |                                     |
| <input type="checkbox"/> ENDOWMENT     |                                     |
| <input type="checkbox"/> OTHER _____   |                                     |

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