

Donations Form

Print out this form & indicate as follows:

I/We wish to make a contribution

In Honor Of /In Memory Of _____

In Appreciation Of _____

To (Name of Fund) _____

Amount of donation: \$ _____

Send acknowledgement to:

Name/Address _____

From
(My/Our Name/Address) _____

Selection of Payment Method:

* Enclose a check, payable to Temple Israel, and mail with this form to: 5419 E. Broad Street, Columbus, OH 43213

or

* Request that your Credit Card be charged (minimum charge \$15):

Name (as indicated on credit card) _____

Credit Card: ___ Visa ___ MC ___ Discover ___ AMEX

Credit Card Number _____

Expiration Date: _____

Mail this form to: Donations
Temple Israel
5419 E. Broad Street
Columbus, OH 43213

Thank you for your support of Temple Israel programs.