

DONATIONS

Date _____ From-Name _____

Amount \$ _____ Check Enclosed Bill Me Member's Account _____

Please check one of the funds below. Make your check payable to Temple Sinai.

- | | |
|--|---|
| <input type="checkbox"/> General Fund | <input type="checkbox"/> Pasternak, S. & M. |
| <input type="checkbox"/> Anderman, Dr. Irving | <input type="checkbox"/> Rehns, S. & J. |
| <input type="checkbox"/> Aronowsky, S. | <input type="checkbox"/> Rosenberg, B. |
| <input type="checkbox"/> Ashkenas, D. & S. | <input type="checkbox"/> Ross, G. & M. |
| <input type="checkbox"/> Cohen, B. & R. | <input type="checkbox"/> Rosenstein, L. & C. |
| <input type="checkbox"/> Distelburger, L. | <input type="checkbox"/> Roskin, G. |
| <input type="checkbox"/> Dunitz, J. | <input type="checkbox"/> Schloss, J. & A. |
| <input type="checkbox"/> Eisenberg/Ritterman | <input type="checkbox"/> Schleifer, L. & M. |
| <input type="checkbox"/> Ellman, A. | <input type="checkbox"/> Schulhof, J. & C. |
| <input type="checkbox"/> Falick, J. | <input type="checkbox"/> Shafran, H. & R. |
| <input type="checkbox"/> Fernich, M. & E. | <input type="checkbox"/> Shapiro, H. |
| <input type="checkbox"/> Frank, Martin & Meta | <input type="checkbox"/> Solomon, M. & B. |
| <input type="checkbox"/> Gillman, Dr. L. | <input type="checkbox"/> Sommerstein, D & M. |
| <input type="checkbox"/> Halpern, L. R. | <input type="checkbox"/> Speier, B. & K. |
| <input type="checkbox"/> Hirsch, I. & H. | <input type="checkbox"/> Yegidis, Ida-Sisterhood Fund |
| <input type="checkbox"/> Joseph, Manfred & H. Karoline | <input type="checkbox"/> Building Fund |
| <input type="checkbox"/> Judelson, J. | <input type="checkbox"/> Special Needs Fund |
| <input type="checkbox"/> Judelson, R. | |
| <input type="checkbox"/> Levine, F. & J. | |
| <input type="checkbox"/> Levine, C. & H. | |
| <input type="checkbox"/> Lipschutz, Dr. P. | <input type="checkbox"/> Prayerbooks _____ |
| <input type="checkbox"/> Millman, R. | _____ |

Check one: In honor of _____ Memory of _____ Recovery of _____

Name and address for acknowledgement card to be sent. (Please include your message below.)

Name: _____

Address: _____

Message: _____

A separate check, payable to the name of the fund, is needed for the below:

Rabbi's Discretionary Fund Bikur Cholim Sisterhood Men's Club

For Office Use only: Donation Acknowledgement Sent Processed by Bookkeeper