



congregation beth sholom
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 (201) 833-2620 | (201) 833-2323 [fax]
 www.cbsteaneck.org

Congregation Beth Sholom Donation/Contribution Form

Please check the fund below to which you would like to make a donation, indicating the amount and reason. **Donations can be made for \$10 or more.** Make checks payable to: Congregation Beth Sholom.

Your Name: _____ Today's Date: _____

I'd like to make a donation of \$ _____ to the following:

- | | |
|--|--|
| <input type="checkbox"/> Alfred & Rose Buchman Fine Arts Fund
<input type="checkbox"/> Alice Hereld Cahn Education Fund
<input type="checkbox"/> Albert M. & Ida Shulman Israel Scholarship Fund
<input type="checkbox"/> Ayin L'tzion Fund
<input type="checkbox"/> Barry Reis Scholarship Fund
<input type="checkbox"/> Children's Programming Fund
<input type="checkbox"/> Fred Friesner <i>Maot Hittim</i> Fund
<small>**Make payable to Fred Friesner Fund</small>
<input type="checkbox"/> General Fund
<input type="checkbox"/> HAZAK
<input type="checkbox"/> Hesed Fund
<input type="checkbox"/> Jewish Education Scholarship Fund
<input type="checkbox"/> Kiddush Fund
<input type="checkbox"/> Library Fund
Children's Book, \$18 Adult Book, \$25 | <input type="checkbox"/> M & M Fund
<input type="checkbox"/> Max and Ruth Klingenstein Children's Education Fund
<input type="checkbox"/> Prayer Book Fund
<i>Siddur</i> , \$30 <i>Humash</i> , \$75
<i>Mahzor</i> , \$30 <i>Megilloth</i> , \$18
<input type="checkbox"/> Rabbi Barry Schaeffer Memorial Fund
<input type="checkbox"/> Rabbi's Discretionary Fund
<input type="checkbox"/> Rob Moss Fund
<input type="checkbox"/> Russian Club
<input type="checkbox"/> Ruth Miller Memorial Fund
<input type="checkbox"/> Social Action/ <i>Tikkun Olam</i> Fund
<input type="checkbox"/> Torah Fund
<input type="checkbox"/> Tzipporei Shalom |
|--|--|

This donation is made (please circle one): in honor of / in memory of / other (i.e. aliya)

Is this person a member of Congregation Beth Sholom? ___ Yes ___ No

Send notification to: **Name:** _____

Address (if not a member): _____

Payment: ___ Check enclosed ___ Bill Me ___ Check to come in mail

___ Credit Card: ___ Visa ___ Master Card ___ American Express

(for credit card only) Account #: _____ Exp Date: _____

Signature: _____

Please Note: Congregation Beth Sholom requires a \$20 minimum for all credit card transactions. A convenience fee of 4% for Visa/MasterCard or 3% for American Express will be added to the transaction.

_____ **I'd like my donation to be anonymous (please do not list in *Beth Sholom News*).**