



**congregation beth sholom**  
 354 maitland avenue | teaneck, nj 07666-3026  
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 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<br><input type="checkbox"/> Alice Hereld Cahn Education Fund<br><input type="checkbox"/> Albert M. & Ida Shulman Israel<br>Scholarship Fund<br><input type="checkbox"/> <i>Ayin L'tzion</i> Fund<br><input type="checkbox"/> Children's Programming Fund<br><input type="checkbox"/> Fred Friesner <i>Maot Hittim</i> Fund<br>**Make payable to Fred Friesner Fund<br><input type="checkbox"/> General Fund<br><input type="checkbox"/> HAZAK<br><input type="checkbox"/> Hesed Fund<br><input type="checkbox"/> Jewish Education Scholarship Fund<br>(including Barry Reis Scholarships)<br><input type="checkbox"/> Kiddush Fund<br><input type="checkbox"/> Library Fund<br>Children's Book, \$18    Adult Book, \$25 | <input type="checkbox"/> M & M Fund<br><input type="checkbox"/> Marcia Biloon Memorial Fund<br><input type="checkbox"/> Max and Ruth Klingenstein Children's<br>Education Fund<br><input type="checkbox"/> Prayer Book Fund<br><i>Siddur</i> , \$30 <i>Humash</i> , \$75<br><i>Mahzor</i> , \$30 <i>Megilloth</i> , \$18<br><input type="checkbox"/> Rabbi Barry Schaeffer Memorial Fund<br><input type="checkbox"/> Rabbi's Discretionary Fund<br><input type="checkbox"/> Rob Moss Fund<br><input type="checkbox"/> Russian Club<br><input type="checkbox"/> Ruth Miller Memorial Fund<br><input type="checkbox"/> Social Action/ <i>Tikkun Olam</i> Fund<br><input type="checkbox"/> Torah Fund<br><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*).**