



Donation Form

For your convenience, please use this form to make your donations and send to:

Adath Israel -PO Box 337-Middletown, CT 06457

Attached is my check in the amount of \$_____. (Please indicate the fund in the memo area on your check)

Please use my credit card for this donation:

- American Express
 Visa
 MasterCard
 Discover
 Paypal

Account Number: _____ Expiration Date: _____

This Donation is being made:

IN HONOR OF _____

IN MEMORY OF _____

OTHER _____

The acknowledgement should be sent to:

This donation is from:

Name _____

Name _____

Address _____

Address _____

City/St/Zip _____

City/ST/Zip _____

If you prefer you are always welcome to call the Shul Office with your donation.

Please call 860-346-4709 and we will be happy to help you.

I wish to donate to the following fund-\$18 minimum donation

- | | | |
|--|---|---|
| <input type="checkbox"/> Synagogue Fund | <input type="checkbox"/> Nathan Olshin Scholoar-In-Residence Fund | <input type="checkbox"/> Howard Feldman Beautification Fund |
| <input type="checkbox"/> Jack Itkin Fund | <input type="checkbox"/> Ann Edelberg Fund | <input type="checkbox"/> Eternal Light Fund |
| <input type="checkbox"/> Edythe & Arthur Director Family Fund-Concerts | <input type="checkbox"/> Prayer Book Fund | <input type="checkbox"/> Becky & Dr. Lou Soreff Fund-Youth |
| <input type="checkbox"/> Samuel Auerbach Memorial Library | <input type="checkbox"/> Sanford Beit Minyan Fund-Kiddush | <input type="checkbox"/> Harold Gurland Fund |
| <input type="checkbox"/> Robin Acher Children's Library | <input type="checkbox"/> Lisa Goodman Purim Carnival Fund | <input type="checkbox"/> Museum Fund |
| <input type="checkbox"/> Rabbi's Discretionary Fund | <input type="checkbox"/> Michael Fassler Fund-PreK-2 nd grade Religious School | |