

**SHAARE TEFILA CONGREGATION DONATION FORM**

Thank you for your interest in Shaare Tefila Congregation. Please complete this form and mail it along with your donation to: SHAARE TEFILA CONGREGATION, 16620 Georgia Avenue, Olney, MD 20832. Remember to enclose your check made payable to: "Shaare Tefila Congregation".

Donor(s) Name & Address: \_\_\_\_\_

**In Honor of:** \_\_\_\_\_ **In Memory of:** \_\_\_\_\_

**Speedy Recovery To:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Date: \_\_\_\_\_ Enclosed is my check for \$ \_\_\_\_\_ **Please indicate Fund of your choice:**

- |  |   |
|--|---|
| <input type="checkbox"/> General Fund                            | <input type="checkbox"/> D. Joseph Williamowsky Scholar-in-Residence Fund |
| <input type="checkbox"/> Andrea Z. Tilles Memorial Chesed Fund   | <input type="checkbox"/> Martin S. Halpern Adult Education Fund           |
| <input type="checkbox"/> Building Fund                           | <input type="checkbox"/> Nathan Rubinstein Youth Fund                     |
| <input type="checkbox"/> Cantor's Discretionary Fund             | <input type="checkbox"/> Rabbi's Discretionary Fund                       |
| <input type="checkbox"/> Charles Futrovsky Endowment Fund        | <input type="checkbox"/> <i>Machzor dedication</i> -\$36 each             |
| <input type="checkbox"/> Harold Fink Israel Quest Fund           |   |
| <input type="checkbox"/> Sigmund Sachs Youth Religious Trip Fund |   |

Please Send an Acknowledgement Card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

*A minimum donation of \$15 shall be necessary in order to have an acknowledgement card sent. All non-member donors shall receive written acknowledgement for donations of \$15 or more. Please make checks payable to Shaare Tefila Congregation. All gifts are tax-deductible to the extent allowable by law.*

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