



## Donation Form

If you would like to make a donation in memory of your loved one, please fill in this form and return it to Congregation Tikvat Jacob's office using the enclosed envelope.

**Please note:** As a form of gratitude, we publish all donor names unless specifically requested otherwise.

I, \_\_\_\_\_, wish to make a contribution in memory of / in honor of \_\_\_\_\_.

Please, send an acknowledgment letter to: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Please direct my donation of \$ \_\_\_\_\_ to the following CTJ Fund:

- |  |   |
|--|---|
| <input type="checkbox"/> General Fund                    | <input type="checkbox"/> Early Childhood Center Fund            |
| <input type="checkbox"/> Yahrzeit Fund                   | <input type="checkbox"/> Religious School Fund                  |
| <input type="checkbox"/> Building Fund                   | <input type="checkbox"/> Michael Rotstein Scholarship Fund      |
| <input type="checkbox"/> Library Fund                    | <input type="checkbox"/> Abrams Youth Scholarship Fund          |
| <input type="checkbox"/> Torah & Siddur Fund             | <input type="checkbox"/> Anna Shure Camp Ramah Scholarship Fund |
| <input type="checkbox"/> Formann - Sirota Music Fund     | <input type="checkbox"/> CTJ Sisterhood –                       |
| <input type="checkbox"/> Rabbi Mark's Discretionary Fund | <i>Please, make check payable directly to the</i>               |
| <input type="checkbox"/> Rabbi Marvin & Miriam Bornstein | <i>CTJ Sisterhood</i>   |
| <input type="checkbox"/> Chapel Fund                     |   |

## Payment

Cash \ Check Payment:

Please attach payment to this form. Unless mentioned otherwise, please make check payable to CTJ.

Or

Credit Card Payment (see restrictions in the box below):

Total Amount: \$ \_\_\_\_\_ Credit Card Type: Visa / MasterCard

Credit Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(as shown on credit card)

Cardholder's Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Cardholder's Zip code (required): \_\_\_\_\_  
(From credit card billing address)

I hereby authorize my credit card to be charged for the above designated amount.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

- \* Congregation Tikvat Jacob accepts the following credit cards only: Visa and MasterCard.
- \* We can only accept credit card donations of \$25 or more.
- \* We can not process credit card donations for the CTJ Sisterhood.