



TEMPLE BETH ELOHIM

Reform Congregation
Member of the Union for Reform Judaism

Temple Beth Elohim Special Fund Donation Form

This page is formatted to send to your printer and be mailed to TBE.

Please PRINT clearly all information

Please check the Fund(s) to which you are contributing (there is a \$10.00 minimum donation for each Fund listed below, except where indicated):

- | | |
|---|--|
| <input type="checkbox"/> Alex and Edith Stein Memorial Fund | <input type="checkbox"/> Mark Levine Memorial Garden Fund |
| <input type="checkbox"/> Building Fund | <input type="checkbox"/> Philip Goldstein Memorial Fund |
| <input type="checkbox"/> Cantor's Discretionary Fund | <input type="checkbox"/> Prayer Book & Bible Fund (\$36 minimum) |
| <input type="checkbox"/> Cemetery Maintenance fund | <input type="checkbox"/> Pulpit Flower Fund |
| <input type="checkbox"/> Charles H. & Gertrude Levey Special Events | <input type="checkbox"/> Rabbi Benjamin Memorial Fund |
| <input type="checkbox"/> General Operations Fund | <input type="checkbox"/> Rabbi's Discretionary Fund |
| <input type="checkbox"/> Holocaust Children Memorial Garden Fund | <input type="checkbox"/> Rabbi Stein's Endowment Fund |
| <input type="checkbox"/> Jay Offsey Stain Glass Fund | <input type="checkbox"/> Sanctuary Beautification Fund |
| <input type="checkbox"/> Kitchen Refurbishing Fund | <input type="checkbox"/> Steven K. Bishop Choir Fund |
| <input type="checkbox"/> Library/Sharon Beth Drilling Fund | <input type="checkbox"/> Youth and Education Fund |
| <input type="checkbox"/> Lloyd Baron Congregational Concern Fund | |

Enclosed please find a check for \$ _____ payable to "Temple Beth Elohim".

In Honor of _____

On the Occasion of _____

In Memory of _____

PLEASE NOTIFY:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

YOUR NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Mail This Form To: Temple Beth Elohim, 926 Round Swamp Road, Old Bethpage, N.Y. 11804

Your Contribution is Deeply Appreciated. Thank You.