

**We appreciate all contributions
and suggest a minimum donation of \$18 per acknowledgment.**

TEMPLE BETH-EL DONATION FORM

Your Name(s) _____ Today's Date _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ **Please confirm my donation via email. My email address is:** _____

- | | | |
|---|--|---|
| <input type="checkbox"/> TBE General Fund
<input type="checkbox"/> Blitz Family Children's Cultural Arts Fund
<i>(Payable to: BFCCA Fund)*</i>
<input type="checkbox"/> Cantor's Discretionary Fund
<i>(Payable to: Cantor Kahan's Discretionary Fund)*</i>
<input type="checkbox"/> Free Will
<input type="checkbox"/> Kaplan Camp Scholarship Fund
<input type="checkbox"/> Libby Golden ^{z7} Memorial Fund
<i>(Payable to: Libby Golden Memorial Fund)*</i> | <input type="checkbox"/> Matthew Schaffer-Schwartz ^{z7} Tikkun Olam
Award Fund <i>(Payable to: MSSM Fund)*</i>
<input type="checkbox"/> Memorial Fund
<input type="checkbox"/> Steinberg Education Fund
<i>(Payable to: Milton Steinberg Education Fund)*</i>
<input type="checkbox"/> Mishkan T'filah Prayer Book Plate
(\$36 minimum donation)
<input type="checkbox"/> Perpetuation Fund
<input type="checkbox"/> Phyllis Natalie Podolsky ^{z7} Library Fund
<i>(Payable to: PPML Fund)*</i> | <input type="checkbox"/> Rabbi Helbraun's Discretionary Fund
<i>(Payable to: Rabbi Helbraun's Discretionary Fund)*</i>
<input type="checkbox"/> Social Action Fund
<input type="checkbox"/> TBE Endowment Fund
<i>(Payable to TBE Endowment Fund)*</i>
<input type="checkbox"/> TBE Men's Club <i>(Payable to: TBE Men's Club)*</i>
<input type="checkbox"/> TBE Sisterhood <i>(Payable to: TBE Sisterhood)*</i>
<input type="checkbox"/> Torah Fund
<input type="checkbox"/> Tree of Life \$154/leaf (Leaf wording form will be sent)
<input type="checkbox"/> Yahrzeit Fund
<input type="checkbox"/> YoBE – Youth of Beth-El <i>(Payable to: YoBE)*</i> |
|---|--|---|

*Unless otherwise indicated above, please make all checks payable to: Temple Beth-El - 3610 Dundee Rd. Northbrook, IL 60062

Please check one: In loving memory Speedy recovery In honor of (other) _____

Name(s) _____

Send Acknowledgement Card to: Name(s) _____

Address _____ City _____ State _____ ZIP _____

Email _____

Credit Card: Amex Discover MasterCard Visa Credit Card No. _____

Exp. Date _____ Security Code _____ Charge Amount \$ _____ - or - Check Amount (Enclosed) \$ _____

PLEASE CONSIDER ADDING 3% TO YOUR DONATION PAID BY CREDIT CARD TO COVER OUR PROCESSING FEES.