

Sinai Temple Tribute Form

Often, when we want to express thanks, or commemorate significant times in our lives, we make a contribution to the Synagogue. In the spirit of Mitzvah, the Sinai family invites you to express your gratitude and continue this tradition with Tzedakah, a gift to one of our worthy Congregational Funds.

Please make your contribution – **minimum \$18** – payable to **Sinai Temple** and mail to:

Sinai Temple, 10400 Wilshire Blvd., Los Angeles, CA 90024 or FAX this form to: **(310) 474-6801**

For further information contact **Jackie Ahdout** at **(310) 481-3228**

I/we wish my/our contribution to be designated for (**please check one**):

SINAI TEMPLE CONGREGATIONAL FUNDS

- | | | |
|--|---|---|
| <input type="checkbox"/> General Fund | <input type="checkbox"/> Sinai Akiba Academy | <input type="checkbox"/> Torah in the Round |
| <input type="checkbox"/> Library Fund | <input type="checkbox"/> Douglas Family Early Childhood Center | <input type="checkbox"/> Dor Chadash |
| <input type="checkbox"/> Green Committee | <input type="checkbox"/> Margaret & James Flesh Scholarship Fund/Religious School | <input type="checkbox"/> Weisbarth Hospice Fund |
| <input type="checkbox"/> Chevra Kadisha | <input type="checkbox"/> Hannah Lippert/Religious School | <input type="checkbox"/> Family Minyan |
| <input type="checkbox"/> Ritual Fund | <input type="checkbox"/> Youth Department | <input type="checkbox"/> Friday Night Live |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Board of Governors' Fund | <input type="checkbox"/> Music Fund |
| <input type="checkbox"/> ATID | <input type="checkbox"/> Rabbi/Cantor _____ Discretionary Fund | <input type="checkbox"/> Israel Defense Fund |

Enclosed is a contribution of \$ _____ Date _____



In honor of _____ Occasion _____

In memory of _____ Please check if yahrzeit

Other _____



My/our name _____

My/our address _____

City _____ State _____ Zip Code _____

Phone () _____ - _____ x _____ E-mail _____ @ _____



I/we would like an acknowledgement card sent to:

Name _____

Address _____ City _____ State _____ Zip Code _____



Please charge my credit card: Visa MC AMEX DISCOVER

Card # _____ Exp. Date _____

Name on the card: _____ Signature _____

Thank you.

Your contribution is Tax Deductible to the extent allowable by law.