

Temple Judea Contributions

Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Email:** _____

Please circle the fund to which you want to give:

Religious Purposes Rabbi's Discretionary Fund Shabbat Kiddush Lunch Fund
Torah Maintenance Fund Membership Support Fund Other:

Contributor:

In Memory Of:

In Honor Of:

Speedy Recovery:

Address:

Enclosed is my donation payable to Temple Judea

\$500.00 \$ 54.00

\$200.00 \$ 36.00

\$100.00 Other: \$

Credit Card

Visa or MasterCard (circle one) [add service fee of approximately 3%]

Credit Card Number: _____ Expiration Date: _____
_____ Security Code: _____

Name on Card:

Signature:
