



Temple Sinai

Donation Form

Please print and fill out this page, using a separate form for each donation. Suggested minimum donation: \$18

I wish to donate to the fund indicated below. Attached is my check for \$_____

This donation is made:

- In honor of -- In memory of -- In appreciation -- Yahrzeit of --
 Speedy recovery to -- Other (please specify)

(Name) _____

Donation made by:

Name _____

Address _____

City, State, Zip _____

Send acknowledgement to:

Name _____

Address _____

City, State, Zip _____

General Fund – supports all of the programs of Temple Sinai

I wish to make this donation to the _____ Fund.

(See <http://www.sinaibrookline.org/page.php/id/245>
for a listing of Temple Sinai's funds.)

Mail check and this form to Temple Sinai, 50 Sewall Avenue, Brookline, MA 02446

(For office use only)

Date: _____

Processed by: _____

Amt. Received: _____