



Temple Beth Zion Designated Fund Donation Form

Please clearly PRINT all information

Enclosed please find a check for \$_____ (\$10 minimum) payable to Temple Beth Zion (your contribution is tax deductible)

In Honor of _____

On the occasion of _____

In memory of _____

PLEASE NOTIFY:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Your gift will be placed in the General Operating Fund unless you designate otherwise below.

Please place my contribution in the _____ Fund.

YOUR NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

Mail To: Temple Beth Zion, 700 Sweet Home Road, Buffalo, NY 14226