



**Temple Beth Zion**  
**Designated Fund Donation Fund**

**Please clearly PRINT all information:**

Enclosed please find a check for \$ \_\_\_\_\_ (\$10 minimum please) payable to Temple Beth Zion

**OR**

Please charge \$ \_\_\_\_\_ on my Visa/Mastercard/Discover/American Express card:

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code \_\_\_\_\_

Name on card: \_\_\_\_\_

In Honor of: \_\_\_\_\_

On the Occasion of: \_\_\_\_\_

In Memory of: \_\_\_\_\_

**Please notify:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please place my contribution in the \_\_\_\_\_ Fund.

(Your gift will be placed in the Chai Fund unless you designate otherwise)

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Thank you for your contribution to Temple Beth Zion