

Bnai Abraham Synagogue
donations
form



Donation is made:

In Honor of In Appreciation of In Memory of
Name(s) _____

For the occasion of:

- | | | |
|---|---|--|
| <input type="checkbox"/> Baby Naming | <input type="checkbox"/> Bar Mitzvah (male) | <input type="checkbox"/> Bat Mitzvah (female) |
| <input type="checkbox"/> Bris | <input type="checkbox"/> Birthday | <input type="checkbox"/> Confirmation |
| <input type="checkbox"/> Engagement | <input type="checkbox"/> Marriage | <input type="checkbox"/> Recovery from illness |
| <input type="checkbox"/> Yahrzeit | <input type="checkbox"/> Graduation | <input type="checkbox"/> Anniversary |
| <input type="checkbox"/> Other (please specify) _____ | | |

Direct contribution to the following fund:

- | | | |
|---|---|---|
| <input type="checkbox"/> Rabbi's Discretionary | <input type="checkbox"/> Religious School | <input type="checkbox"/> USY (United Synagogue Youth) |
| <input type="checkbox"/> General | <input type="checkbox"/> Building | <input type="checkbox"/> Sue Seigel Shabbat |
| <input type="checkbox"/> Kutner Library | <input type="checkbox"/> Goldman Torah | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Fund: _____

Donation is SENT from:

Name(s): _____
Street Address: _____
City _____ State _____ Zip _____

A notification card should be sent to:

Name(s): _____
Street Address: _____
City _____ State _____ Zip _____

If you would like any special wording, please specify.

Bulletin listing: Yes, please list this in the upcoming Bulletin. No, do not list.

Please send this form along with a check to: 1545 Bushkill Street, Easton, PA 18042
Please make check payable to **Bnai Abraham Synagogue**
If you have any questions, contact us at Phone: (610) 258-5343 or office@bnaiabraham.org

Thank you!

Office use only:

_____ Check processed _____ Listed in Bulletin _____ Notification to recipient _____ Confirmation to donor