

L'Dor V'Dor Campaign Donation Form

Name:						
Address:						
City, State, Zip:						
Phone: Email:						
My Campaign Donation Amount: \$						
Amount Enclosed: \$						
Amount to Bill Me: \$						
Dill Mar/Dla	ease circle one)	Over one year		Over two years		
Bill Me:(Pie	ease circle one)	Over one year			Over two years	
Bill Me: (Pl	ease circle one)	Annually		Semi-Annually		Quarterly
, , , , , , , , , , , , , , , , , , , ,						
	cknowledgements:	I prefer to remain anonymous as a			Please use the name(s) above for	
(Please circl	e one)	contributor			public acknowledgments.	
Lyvont my	In Mamany of	:		In Honor of:		
I want my donation	In Memory of:					
to be				.		
Would you	like to receive the	I already get	No, thank you.		Yes, please send the Bulletin the	
TBS monthly Bulletin?		the Bulletin.			email address above.	
(Please circl	e one)		<u> </u>	<u> </u>		
Signature						
Date						

Make checks payable to Temple Beth Shalom - L'dor V'dor Campaign...and THANK YOU!

NOTE: Temple Beth Shalom is a registered not-for-profit 501(c)(3) organization. Your donation may be tax-deductible to the extent allowed by law. Tax ID #04-2220520

Please return to:

Temple Beth Shalom

21 East Foster Street Melrose, MA 02176 Attn: L'Dor V'Dor Administrator