

Enclosed is my contribution of
___ \$18 ___ \$36 ___ \$54 ___ \$100 ___ Other _____
Name of Person Honored _____
Occasion: ___ Memorial ___ Anniversary ___ Yahrzeit
___ Thank You ___ Holiday ___ Get Well ___ Wedding
___ Bar/Bat Mitzvah ___ Confirmation
___ Honoring Family members
___ Other _____
Additional dedication information _____

Please select the fund that will receive your contribution:
___ General Fund ___ Rabbi's Discretionary Fund
___ Capital Campaign

PERSONAL INFORMATION

Name _____
Address _____
City _____ State _____ Zip _____
Phone: _____ Email _____

Your gift will be noted in the *Kesher* Newsletter, but no amount will be disclosed.

Please make your check payable to: Temple Israel

CREDIT CARD PAYMENT OPTION

Name (as it appears on your account) _____
Credit Card Number _____
Expiration Date _____ Code _____
Billing Street Address: _____
City _____ State _____ Zip _____

*Your donation to Temple Israel helps us fulfill our mission of sustaining
a vibrant Reform Jewish presence in the New Hampshire Seacoast!
We warmly thank you for your support!*

Temple Israel
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Dover, NH 03821-0254