

Congregation Emanu El Donation Form

Date: _____

Name of Donor: _____

Address of Donor: _____

Donor Phone: _____

Please Mail Form To:
Congregation Emanu El
1495 Ford Street
Redlands, CA 92373

Donation 1: _____ Amount \$ _____

Donation 2: _____ Amount \$ _____

Donation 3: _____ Amount \$ _____

Donation 4: _____ Amount \$ _____

Donation 5: _____ Amount \$ _____

Donation 6: _____ Amount \$ _____

Name(s)/Address(es) of recipients to acknowledge:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Total Amount: \$ _____

Paid by:

Cash Check Credit Card Bill Me

Check #: _____

CC#: _____

Exp. Date: ___/___ 3 Digit Code: _____

FUNDS

Payable to "Congregation Emanu El"

Temple Fund

Rabbi's Discretionary Fund

Religious School Fund

Other _____

Payable to "Sisterhood"

Sisterhood Flower Fund

Sisterhood Hillel Cohn Campership Fund

Sisterhood Bernice Berenbaun Kitchen Fund

Payable to "Home of Eternity Cemetery"

Cemetery Fund

**** Billing is not available for Sisterhood or Cemetery Funds**