

TEMPLE SINAI OF PALM BEACH COUNTY
2475 West Atlantic Avenue
Delray Beach, Florida 33445-4425
561-276-6161 Ext. #112



I enclose my donation of \$ _____ for the following funds:

TRIBUTE CARD

IN MEMORY OF _____

Relationship: _____

IN HONOR OF _____

For: _____

- SHABBAT SERVICES* \$54.00 \$ _____
- FOOD PANTRY* \$54.00 \$ _____
- SPONSOR ONEG* \$50.00 \$ _____
- KIDDUSH FUND* \$36.00 \$ _____
- TORAH RESTORATION* \$36.00 \$ _____
- TORAH STUDY* \$18.00 \$ _____
- \$ _____ Rabbi's Discretionary
- \$ _____ Cantor's Discretionary

- Yahrzeit
- General
- Jerome Ira Solkoff Adult Education
- Security
- Choir
- Social Action

* WILL BE READ AT SHABBAT SERVICES

CONTRIBUTION FROM:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

SEND ACKNOWLEDGMENT CARD TO: RECIPIENT NAME and ADDRESS:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Charge my credit card: Card of File Check Enclosed Cash Account

Card #:

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Exp. Date: Month: _____ Year: _____ CVV:

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Name on Card: _____ Signature: _____