



TEMPLE SINAI

A vibrant, progressive community

Please fill out this page, using a separate form for each donation or name.

I wish to donate to the fund indicated below. Enclosed is my check for \$_____.

This donation is made:

Yahrzeit of --* In memory of -- In appreciation of --

In honor of -- Speedy recovery to -- Other (please specify)

(Name) _____

Donation made by:

Name _____

Address _____

City, State, Zip _____

Send acknowledgement to:

Name _____

Address _____

City, State, Zip _____

Temple/General Fund – supports all of the programs of Temple Sinai

I wish to make this donation to the _____ Fund.

(See the reverse side for a listing of Temple Sinai's funds.)

*All names are read at the Erev Shabbat service the week in which the yahrzeit occurs. If you wish for the name to be read on a different Friday evening, please designate that date here: _____.

Mail check and this form to Temple Sinai, 50 Sewall Avenue, Brookline, MA 02446

(For office use only)

Date: _____ Processed by: _____ Amt. Received: _____