

Ahavas Israel Tribute Form

Include the following information for each tribute.
Please use this form or a separate page. One form per tribute.

CONTRIBUTOR

Name _____

Address _____

City/Zipcode _____

Phone _____

e-mail _____

OCCASION In Memory of: In Honor of:

RECIPIENT

Name _____

Address (with zipcode) _____

AMOUNT OF TRIBUTE: \$ _____

FUND: (Please select one)

- | | |
|--|--|
| <input type="checkbox"/> Building Fund | <input type="checkbox"/> Scholarship Fund |
| <input type="checkbox"/> Endowment Fund | <input type="checkbox"/> Seymour Rapaport Religious
School Fund |
| <input type="checkbox"/> General Fund | <input type="checkbox"/> Synagogue Acquisitions Fund |
| <input type="checkbox"/> Library Fund | <input type="checkbox"/> United Synagogue Youth Fund |
| <input type="checkbox"/> Phil Movitz Memorial Music Fund | <input type="checkbox"/> Jacob & Fannie Wapner Collection/
Library Endowment Fund |
| <input type="checkbox"/> Rabbi's Discretionary Fund | <input type="checkbox"/> NO PREFERENCE |
| <input type="checkbox"/> Religious Life Programming Fund | |

All funds have a \$5.00 minimum

Please include payment with form and mail to or drop off at the synagogue office.

Congregation Ahavas Israel

Tributes

2727 Michigan NE

Grand Rapids, MI 49506