

# Ahavas Israel Tribute Form

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

## CONTRIBUTOR

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zipcode \_\_\_\_\_

OCCASION  In Memory of:  In Honor of:

\_\_\_\_\_

\_\_\_\_\_

## RECIPIENT

Name \_\_\_\_\_

Address (with zipcode) \_\_\_\_\_

\_\_\_\_\_

## FUND: (Please select one)

- |  |  |
|--|--|
| <input type="checkbox"/> Building Fund                       | <input type="checkbox"/> Scholarship Fund  |
| <input type="checkbox"/> Endowment Fund                      | <input type="checkbox"/> Shapiro Adult Ed. Scholarship Fund                          |
| <input type="checkbox"/> General Fund                        | <input type="checkbox"/> Seymour Rapaport Rel. School Fund                           |
| <input type="checkbox"/> Gen & Jack Finkelstein Archive 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/<br>Library Endowment Fund |
| <input type="checkbox"/> Rabbi's Discretionary Fund          |  |
| <input type="checkbox"/> Religious Life Programming Fund     | <input type="checkbox"/> NO PREFERENCE   |

AMOUNT OF TRIBUTE: \$ \_\_\_\_\_

All funds have a \$5.00 minimum. Please include payment with form and mail to or drop off at the synagogue office.

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