

# AM KOLEL DONATION FORM

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone2: \_\_\_\_\_ Email2: \_\_\_\_\_

**Payment by:**

Check # \_\_\_\_\_  Credit Card **TOTAL ENCLOSED** \_\_\_\_\_

Card holder's Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Billing Address** (if different from above)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your donation will be used to support Am Kolel's programs, services, events and general operating costs unless you designate another specific fund or use here.

\_\_\_\_\_

I am making this donation:

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

In Celebration of \_\_\_\_\_

To have an acknowledgement sent to your honoree/memoralee/celebrant, please complete the following information:

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_