



AM KOLEL DONATION FORM

Sanctuary & Retreat Center

Name(s): _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Telephone2: _____ Email2: _____

Payment by:

Check # _____ Credit Card **TOTAL ENCLOSED** _____

Card holder's Signature: _____

Card Number: _____ Expires: _____ CCV: _____

Billing Address (if different from above)

Street: _____

City: _____ State: _____ Zip: _____

You're 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: _____

Mail To

Am Kolel - 19520 Darnestown Road - Beallsville, MD 20839