



## BETH SHALOM TZEDAKAH INITIATIVE DONATION FORM

Please complete all relevant sections of this form and submit it along with your donation check to the Beth Shalom office: 3750 East Third Street, Bloomington, IN 47401.

**DATE:** \_\_\_\_\_

**DONATION AMOUNT:** \_\_\_\_\_

(The suggested annual donation is \$90 per person and \$180 per couple. You may give more or less; any donation makes you a member.)

### MEMBER INFORMATION

Please include the name and email of every person making a donation so we can include on our membership list.

**NAME:** \_\_\_\_\_

**Email(s):** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**Email(s):** \_\_\_\_\_

### DONATION IN HONOR OF / IN MEMORY OF SOMEONE

Please indicate if your donation is being made in honor of or in memory of someone.

**In Honor Of:** \_\_\_\_\_ **In Memory Of:** \_\_\_\_\_

**Name of Person:** \_\_\_\_\_

If you want someone to be notified of this donation, please include the name, email address, and mailing address below: