

**CONGREGATION BETH SHALOM**  
**5303 Winters Chapel Road**  
**Atlanta, Georgia 30360**  
**(770) 399-5300      Fax (770) 399-0766**

I am enclosing a gift contribution of \$ \_\_\_\_\_ to the following fund:

**There is a \$ 10.00 minimum per donation ( except where noted)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Babysitting Fund          | <input type="checkbox"/> Building Fund              | <input type="checkbox"/> Youth Programming Fund              |
| <input type="checkbox"/> Torah Fund                | <input type="checkbox"/> Kiddish Fund               | <input type="checkbox"/> USY Make a Change Scholarship Fund  |
| <input type="checkbox"/> General Fund              | <input type="checkbox"/> Education Fund             | <input type="checkbox"/> Paul Saylor Youth Israel Fund       |
| <input type="checkbox"/> Prayerbook ( \$36)        | <input type="checkbox"/> Chumash( \$72)             | <input type="checkbox"/> Klein Family Ramah Scholarship Fund |
| <input type="checkbox"/> Dr. Martin Yanuck Library | <input type="checkbox"/> Rabbi's Discretionary Fund | <input type="checkbox"/> Preschool Fund                      |
| <input type="checkbox"/> Gan Gilner Fund           | <input type="checkbox"/> Kitchen Wish List Fund     |  |

**FROM:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**MESSAGE:**

**For Office Use:** Check: \_\_\_\_\_ Excel: \_\_\_\_\_ Card: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

