



DONATION FORM

Donations received by mail can be billed to a member's account, charged to a credit card (\$36 minimum) or may be accompanied by a check.
Please mail this form to the synagogue or fax it to 914-948-4755

Donor Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Reason for Donation: (In honor of, In memory of, With gratitude for, For recovery of, etc.)

Please include the following RECIPIENT information so we can send an acknowledgement of this donation:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please designate the specific fund or program at TIC to which you are making the donation. If you have no preference, please indicate that this is a General Donation.

Amount of donation: \$ _____

Please indicate billing method:

- Charge my account at TIC
 My check is enclosed
 Charge my Visa ___ MC ___ Discover ___

Card Number: _____ - _____ - _____ - _____

Expiration Date: ___ / ___ CCV #: _____

Signature: _____

Acknowledgment

Unless we are notified in writing otherwise, notification of your donation (without disclosure of the amount) will be mailed to the family being honored by your contribution. All donations will also be included in our monthly bulletin, *Hadashot*.