



DONATION FORM

Donor Information:

Name *(Please print)* _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Email: _____

Amount of Donation to be applied to (Minimum \$18) \$ _____
(Checks payable to Bet Torah) (Library Fund, \$25.00 min. donation-checks payable to Bet Torah Library Fund)*

APPLY TO:

- | | | |
|---|--|---|
| <input type="checkbox"/> Annual Fund | <input type="checkbox"/> Jack Becker Memorial Fund | <input type="checkbox"/> Robert S. Stone and Marcia B. Stone Fund |
| <input type="checkbox"/> Barry Hershaff Memorial Fund | <input type="checkbox"/> Jerome & Lillian Fruithandler Memorial Fund | <input type="checkbox"/> Nursery School Fund |
| <input type="checkbox"/> Cantor Discretionary Fund | <input type="checkbox"/> Joseph H. Busman Memorial Fund | <input type="checkbox"/> Prayer Book Fund |
| <input type="checkbox"/> Christopher B. Gordon Memorial Fund | <input type="checkbox"/> Kaplan Community Music Fund | <input type="checkbox"/> Religious School Fund |
| <input type="checkbox"/> Hildegard Schonfeld Cultural Arts Fund | <input type="checkbox"/> Library Fund* (\$25.00) | <input type="checkbox"/> Rabbi Discretionary Fund |
| | | <input type="checkbox"/> Schleifer Family Learning Resource Fund |
| | | <input type="checkbox"/> Simon Unger Fund |

Reason for Donation:

- In memory of In honor of On the occasion of For recovery of Other

Please notify the following individual(s) of this donation:

Name *(please print)* _____

Address _____

City _____ State _____ Zip _____

THANK YOU FOR YOUR SUPPORT OF BET TORAH
Bet Torah ▪ 60 Smith Avenue ▪ Mount Kisco, NY 10549 ▪ 914-666-7595