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Kehilat Shalom, 9915 Apple Ridge Road, Gaithersburg, MD 20886

## **DONATION FORM**

(Please use one form for each donation and fill out completely and legibly.)

**Donation Amount \$** \_\_\_\_\_ (minimum \$10 donation)

**\*Include in *Shofar*:**     **Yes**     **No**

**Donor/From:** \_\_\_\_\_

**Please Circle One:**    In honor of:    Mazel Tov to:    In Memory of:    Speedy Recovery to:

\_\_\_\_\_

**Please send an acknowledgement of this donation to:** \_\_\_\_\_

If not a member, please include his/her address: \_\_\_\_\_

\_\_\_\_\_

**Please allocate this donation to the following fund:**

Rabbi's Discretionary Fund

Barbara Peller Camp Fund

Library Fund

Capital Campaign

Youth Fund

Miscellaneous Donation

Gayle Peck Arts Fund

Yahrzeit Donation

Jr. Congregation

\*\* Prayer Book Fund     Siddur Sim Shalom (\$36)

Chumash (\$54)

Other \_\_\_\_\_

\*Your contribution will be listed in *the Shofar* unless otherwise requested. Contributions received after the 10<sup>th</sup> of the month will be listed in the following month's edition.

\*\*For contributions to the Prayer Book Fund, a bookplate will be made in the donor's name and placed in a book in the Sanctuary.