

CONTRIBUTION FORM

**TEMPLE BET YAM
P.O. BOX 860098
ST. AUGUSTINE BEACH, FL 32086-1146**

DONOR NAME:

ADDRESS:

CITY/STATE:

ZIP:

TEL. NO.:

IN HONOR OF:

IN MEMORY OF, OR OTHER DESIGNATION:

**NAME & ADDRESS OF HONOREE OR FAMILY MEMBER IF NOT A
MEMBER OF TEMPLE BET YAM:**

<u>DESIGNATION</u>	<u>AMOUNT (\$)</u>
GENERAL FUND	\$ _____
RELIGIOUS SCHOOL FUND	\$ _____
EDUCATION TUITION FUND	\$ _____
MITZVAH FUND	\$ _____
PRAYER BOOK FUND	\$ _____
SANCTUARY FUND	\$ _____
MURRAY WEISS MEMORIAL FUND	\$ _____
HIGH HOLY DAYS CONTRIBUTION	\$ _____
*MIKDASH FUND	\$ _____
*RABBI DISCRETIONARY FUND	\$ _____
<u>TOTAL CONTRIBUTION:</u>	\$ _____

*** PLEASE NOTE: SEPARATE CHECKS ARE REQUESTED FOR MIKDASH AND RABBI DISCRETIONARY FUNDS.
PLEASE MAKE PAYABLE TO TBY, WITH NAME OF FUND ON MEMO LINE. THANK YOU.**