

HAR ZION TEMPLE DONATION FORM

Please complete this form and return to
Har Zion Temple, 1500 Hagys Ford Road, Penn Valley, PA 19072 with check enclosed (if applicable).

Date _____

From (Donor) _____

Address _____

To (Recipient) _____

Address _____

Message _____

** To include additional recipients/messages please list their names and addresses on reverse side of this form.*

Please select a fund:

- | | |
|--|---|
| <input type="checkbox"/> Charlestein-Frezel Scholarship Fund | <input type="checkbox"/> Raphael T. Goldman Memorial Fund |
| <input type="checkbox"/> Jonathan Eric Gleit Fund | <input type="checkbox"/> Adolph Schwartz Fund |
| <input type="checkbox"/> Andrea & Ronald S. Robbins Educational Fund | <input type="checkbox"/> Bernice T. & Jay H. (z"l) Rosenfeld Fund |
| <input type="checkbox"/> Har Zion Music Fund | <input type="checkbox"/> Renee I. Stein Fund |
| <input type="checkbox"/> Isidore & Rose Sarnar Pokras Fund | <input type="checkbox"/> Harry & Jenny Toub Fund |
| <input type="checkbox"/> Jacob & Frances Berkowitz Fund | <input type="checkbox"/> Hunter Landau Summer & Holiday Kiddush Fund |
| <input type="checkbox"/> Emanuel Philip Farber Fund | <input type="checkbox"/> Elaine & Manny Landau Celebration Fund |
| <input type="checkbox"/> Samuel First Fund | <input type="checkbox"/> Noreen Cook Memorial Fund |
| <input type="checkbox"/> Karsch Camp Ramah Fund | <input type="checkbox"/> Charity Fund |
| <input type="checkbox"/> Stanton Levin Fund | <input type="checkbox"/> Rose & Nathan Perilstein Fund |
| <input type="checkbox"/> Harry & Anna Moss Camp Ramah Fund | <input type="checkbox"/> Prayer Book Fund – \$25 |
| <input type="checkbox"/> Rabbi's Scholarship Fund | <input type="checkbox"/> Ida & Matthew Rudofker Library Fund |
| <input type="checkbox"/> Joshua Perlmutter Fund | <input type="checkbox"/> Steven and Karen Wolfson and Children Fund |
| <input type="checkbox"/> Dr. Morton Rose Fund | <input type="checkbox"/> Shirley & Norman Greenbaum Yom Ha'aztmaut Fund |
| <input type="checkbox"/> Nathan Rubin Fund | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Herbert E. Squires Fund | |
| <input type="checkbox"/> Louis & Bessie Tobin Fund | |
| <input type="checkbox"/> Joel B. Weinstock Fund | |
| <input type="checkbox"/> Irving Bucky Fund | |

Minimum donation is \$10. Please select a form of payment:

- Check: (# _____)
- Please deduct from my pre-paid donation account

*For information on other funds or endowing a fund, please call the synagogue office, 610-667-5000.

For office use only:

Date card sent: _____ Bulletin: _____