

Congregation Beth Ami Donation Form

The next time you are looking for a meaningful way to celebrate a simcha, remember a loved one, or comfort a mourner, please consider a donation to Congregation Beth Ami.

Please indicate which fund you'd like to support:

◆ **Children's Jewish Education Endowment Fund (CJEEF):** Provides subsidies for childrens' Jewish education, family education, teacher training, and scholarships.

◆ **General Fund:** Contributes to operating expenses for the synagogue, including salaries for the Rabbi, administrator and other staff; maintenance of the Sanctuary and the entire campus.

◆ **Gift of Israel Fund:** Encourages CBA youth to travel to Israel (in conjunction with a Jewish Community Federation program).

◆ **Harris Youth Fund:** Provides scholarships for members of youth groups to attend conferences, conventions, or organized tours.

◆ **Library Fund:** Fund purchases books and audio-visual materials for the Celia Gurevitch Library.

◆ **Malk Fund:** Feeds the local hungry.

◆ **Nursery School Fund:** Supports the Nursery School through scholarships, educational materials, curriculum enrichment, and teacher training.

◆ **Or Ami Religious School Fund:** Enriches the Religious School curriculum supports educational programs.

◆ **Permanent Endowment Fund:** Supports synagogue operations.

◆ **Rabbi's Discretionary Fund:** Enables the Rabbi to make donations to charitable and deserving causes at his discretion.

◆ **Zittin Fund**

Today's Date: _____

Amount of Donation: (\$7.50 minimum) \$ _____

Fund you'd like to contribute to _____

Payment Enclosed _____ Bill my account _____

Donation made by: _____

Address (if not on file): _____

Please send an acknowledgement to:

Name: _____

Address: _____

City _____ State _____ Zip _____

Check one:

In honor of: _____

In memory of: _____

In appreciation of: _____

Mazal Tov to _____

Speedy Recovery to: _____

Today's Date: _____

Amount of Donation: (\$7.50 minimum) \$ _____

Fund you'd like to contribute to _____

Payment Enclosed _____ Bill my account _____

Donation made by: _____

Address (if not on file): _____

Please send an acknowledgement to:

Name: _____

Address: _____

City _____ State _____ Zip _____

Check one:

In honor of: _____

In memory of: _____

In appreciation of: _____

Mazal Tov to _____

Speedy Recovery to: _____

Please make checks payable to **CONGREGATION BETH AMI**
4676 Mayette Avenue, Santa Rosa, CA 95405

Your kind generosity will be acknowledged in the Shofar and the honoree/family will be notified.

For office use only
Added to database: _____
Card sent: _____

Method of payment: _____
Amount: _____
Date Received: _____