



# DONATION FORM

## Donor Information:

Name (please print clearly) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Amount of Donation to be applied (minimum \$18) \$ \_\_\_\_\_  
(Checks payable to Bet Torah) (Library Fund\*, \$25 min. donation-checks payable to Bet Torah Library Fund)

### APPLY TO:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Annual Fund                               | <input type="checkbox"/> Jerome Lillian<br>Fruithandler Memorial<br>Fund | <input type="checkbox"/> Prayer Book Fund                           |
| <input type="checkbox"/> Barry Hershaft<br>Memorial Fund           | <input type="checkbox"/> Joseph H. Busman<br>Memorial Fund               | <input type="checkbox"/> Rabbi Brusso<br>Discretionary Fund         |
| <input type="checkbox"/> Camp Ramah Fund                           | <input type="checkbox"/> Kaplan Community<br>Music Fund                  | <input type="checkbox"/> Rabbi Sacks<br>Discretionary Fund          |
| <input type="checkbox"/> Cantor Discretionary<br>Fund              | <input type="checkbox"/> Kulanu Learning<br>Program Fund                 | <input type="checkbox"/> Schleifer Family<br>Learning Resource Fund |
| <input type="checkbox"/> Christopher B. Gordon<br>Memorial Fund    | <input type="checkbox"/> Library Fund* (\$25.00)                         | <input type="checkbox"/> Shabbat Meals                              |
| <input type="checkbox"/> Hildegard Schonfeld<br>Cultural Arts Fund | <input type="checkbox"/> Robert S. and Marcia<br>B. Stone Fund           | <input type="checkbox"/> Simon Unger Fund                           |
| <input type="checkbox"/> Holocaust<br>Remembrance Project          | <input type="checkbox"/> Nursery School Fund                             | <input type="checkbox"/> Dr. Sheila Adler<br>Innovation Fund        |
|  |  | <input type="checkbox"/> Youth Fund                                 |

### Reason for Donation:

- In Memory of     In Honor of     On the Occasion of     For the recovery of     Other

\_\_\_\_\_  
\_\_\_\_\_

### Please notify the following individuals(s) of this donation:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

THANK YOU FOR YOUR SUPPORT OF BET TORAH

Bet Torah 60 Smith Avenue Mount. Kisco, NY 10549 914-666-7595 www.bettorah.com