

PLEASE USE THIS FORM TO MAKE YOUR CONTRIBUTIONS TO
ADAT SHALOM, 368 GUYS RUN ROAD, CHESWICK, PA 15024-4300

A) MY NAME: _____ MY E-MAIL: _____
MY ADDRESS: _____ MY PHONE: _____
CITY, STATE, ZIP CODE: _____

B) I am enclosing: Check \$ _____ MC /VISA \$ _____ # _____ Exp. _____

C) I wish to contribute to following fund: *(Please check only one fund per contribution form.)*

- | | |
|--|---|
| 1. <input type="checkbox"/> ADULT EDUCATION FUND | 8. <input type="checkbox"/> PRAYER BOOK FUND |
| 2. <input type="checkbox"/> BUILDING FUND | 9. <input type="checkbox"/> PRESCHOOL FUND |
| 3. <input type="checkbox"/> CONTEMPORARY SERVICE FUND | 10. <input type="checkbox"/> RABBI'S DISCRETIONARY FUND |
| 4. <input type="checkbox"/> DR. SAUL & EMMA FLEEGLER LIBRARY FUND | 11. <input type="checkbox"/> JILL S. ROOK MITZVAH FUND |
| 5. <input type="checkbox"/> MEYER & HELEN GISSER CHILDREN'S LIBRARY FUND | 12. <input type="checkbox"/> KAREN SHAPIRA ISRAEL ROOM FUND |
| 6. <input type="checkbox"/> MARGARET'S GARDEN FUND | 13. <input type="checkbox"/> SECURITY FUND |
| 7. <input type="checkbox"/> MILLIGRAM EDUCATION SCHOLARSHIP | 14. <input type="checkbox"/> TORAH MAINTAINCE FUND |

D) _____ In memory of _____ For recovery of _____ Other *(Please explain.)*
_____ In honor of _____ In appreciation of _____

NAME OF HONOREE _____

E) Mail my contribution card to:

NAME: _____

ADDRESS: _____

Any monies given without selection of a particular fund will be placed into the BUILDING FUND.
The Building Fund provides for the daily operation of the synagogue including supplies, utilities, etc.

FOR CHECKS: Please mail to **ADAT SHALOM, 368 GUYS RUN ROAD, CHESWICK, PA 15024-4300.**

Checks should be made payable to **"ADAT SHALOM"** and note:

1. Your name, address, phone # and/or e-mail in case we must contact you.
2. The fund to which you wish to donate.
2. The person for whom the donation is "in honor of" or "in memory of."
3. The name of and address of the person to whom the card is to be sent.

FOR CREDIT CARDS: We accept MasterCard and VISA. If you wish to pay by credit card, please print the credit card number and expiration date on this form or call the office at 412-820-7000.

All contributions will be listed in the quarterly **Adat Shalom Newsletter**. A permanent record will be kept in the synagogue office. If you have any questions, please call the office at 412-820-7000.