BET MISHPACHAH
Donation Form

Name _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____

I wish to contribute $_____.___ to the following Bet Mishpachah fund(s)

Bet Mishpachah Funds		
	$	Operating Fund
	$	Housing Fund
	$	Ritual Objects Fund
	$	David Green Memorial Special Projects Fund
	$	Richard Kopely Memorial Emergency Assistance Fund
	$	Richard Krampf Memorial Social Action Fund
	$	Mark Goldfarb Memorial Accessibility Fund
	$	Monical Lobo Filho Baruch Memorial Fund for Visiting Artists & Scholars
	$	Rabbi Saks Discretionary Fund
	$	Oneg Shabbat & Kiddush Mitzvah Society

This contribution is:

- ❍ In memory of: _____
- ❍ In Honor of/Special Occasion: _____
- ❍ Other: _____

Please Notify:

Name: _____

Address _____

City:_____ State: _____ Zip: _____

❍ Check enclosed or ❍ Visa Card or ❍ MasterCard

Card Number *Exp Date*

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ _____

Amount to be charged at this time. $ _____

Signature _____

Mail form and checks payable to **Bet Mishpachah** to:

Bet Mishpachah
c/o Allan Armus- Treasurer
4309 N.11th Street
Arlington, VA 22201-4748