

# CONGREGATION SHARAH ZEDEK DONATION FORM

Please print this page, complete, and return by mail to:  
PO Box 1694, Westerly, RI 02891. Please include a non-refundable donation of  
your desired amount. Checks should be made payable to Congregation  
Sharah Zedek.

## ***Donation Type***

- In Memory of: \_\_\_\_\_
- In Honor of: \_\_\_\_\_
- Aliyah: \_\_\_\_\_
- Other: \_\_\_\_\_

## ***Information***

Donor's First Name: \_\_\_\_\_ Donor's Middle Initial: \_\_\_\_\_

Donor's Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## ***Mailing Address***

Street Address: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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