

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: _____
