



SYNAGOGUE OF THE SUMMIT

| DONATION FORM | |
|---|---|
| Name: | |
| Address: | |
| Email Address: | |
| Phone Number: | |
| Donation Amount: \$ _____ | I wish for my donation to remain anonymous: Y N |
| I would like my donation to support: | |
| | General Fund |
| | Eileen Finkel Financial Aid Fund |
| | Rabbi Discretionary Fund |
| | Passover Seder |
| | High Holidays |
| | Hanukkah |
| | Pot Luck Shabbat |
| | Music |
| | Other-Please Specify: |
| <p style="text-align: center;">Please print form and mail your tax deductible contribution to:</p> <p>Synagogue of the Summit P.O. Box 4625 Frisco, CO 80443</p> <p style="text-align: center;">Thank you for your support!</p> | |