

**CONGREGATION KOL EMETH
CONTRIBUTION FORM**

Date <input type="text"/> / <input type="text"/> / <input type="text"/> dd/mm/yy	To the
Enclosed is a contribution of \$ <input type="text"/>	<input type="checkbox"/> General Fund <input type="checkbox"/> Other Fund <input type="text"/>
	Category <input type="checkbox"/> In honor <input type="checkbox"/> in memory of <input type="checkbox"/> on the occasion of <input type="checkbox"/> refuah shlemah (get well)

Names <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Special Message <input type="text"/> <input type="text"/> <input type="text"/>	
Send card to <input type="text"/>	phone: <input type="text"/> <input type="text"/> - <input type="text"/> ext <input type="text"/>
street address <input type="text"/>	city <input type="text"/>
state <input type="text"/>	zip <input type="text"/>
Donated by <input type="text"/>	phone: <input type="text"/> <input type="text"/> - <input type="text"/> ext <input type="text"/>
street address <input type="text"/>	city <input type="text"/>
state <input type="text"/>	zip <input type="text"/>
Confirm donation to me by: <input type="checkbox"/> postcard or <input type="checkbox"/> e-mail:	