



“A Caring Community”  
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## Contributions Form

Please complete this entire form. If done by hand, please print clearly.

**Gift Amount \$** \_\_\_\_\_

Apply my contribution to the following fund. (Select name from list below or the back of the form. If no fund is indicated, the contribution will be applied to the General Operating Fund.)

**Fund Name** \_\_\_\_\_

**My gift commemorates the (check one)**

- |                 |                |                    |
|-----------------|----------------|--------------------|
| In honor of     | Bar Mitzvah of | Speedy Recovery of |
| In memory of    | Bat Mitzvah of | Wedding of         |
| Anniversary of  | Birth of       | Yahrzeit of        |
| Appreciation of | Birthday of    | Other _____        |

**Person(s)** \_\_\_\_\_

**Your Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**Please NOTIFY (optional)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**Select a payment option** (Checks shall be payable to Temple Beth Sholom)

- Check enclosed
- Check mailed separately (Please write “Contribution” in Memo field)
- Cash brought to TBS Office
- Credit card (Please contact TBS Office)
- Other (Please specify) \_\_\_\_\_

OFFICE USE ONLY Processed by \_\_\_\_\_ Date \_\_\_\_\_