

Print this form to make your donation and send to: Adath Israel – PO Box 337 – Middletown, Ct 06457

Attached is my check in the amount of \$			
Indicate the fund to which you are donating		a	nd also in the
memo area of your check.			
	OR		
Please use my credit card information for this d	onation:		
American ExpressVisa	Mastercard	D	iscover
Account #:	Expiration Date:	_CVV:	
Name on card:			
This donation is being made:			
In Honor of:			
In Memory of:		_	
Other:			
The acknowledgement should be sent to:	This donation is for	rom:	
Name	Name		
Address	Address		
City/St /7in	City/St /7in		

If you prefer you can always call the office @ (860) 346-4709 and we will be happy to help you.