

Beth Jacob Synagogue building campaign – PHASE 2

Name(s) _____

Address _____

Home phone _____ Cell phone _____

Work phone _____ Email _____

Total pledge \$ _____ over ___ 1 year ___ 2 years ___ 3 years

If you are making a multi-year pledge, please fill out payment info below:

2010 amount \$ _____ 2012 amount \$ _____

2011 amount \$ _____ 2013 amount \$ _____

Recognition and honors

All donors will be recognized on a plaque in the synagogue, unless you wish to remain anonymous. May we include your name? ___ Yes ___ No

Would you like your gift to honor or memorialize someone? ___ Yes ___ No

If yes, *please fill out the form on the reverse side listing naming opportunities.*

Payments will be made

___ once per year on _____ (date)

___ twice per year on _____ and _____ (dates)

___ four times per year on _____, _____, _____ and _____

I will be making my gift by

___ check

___ credit card ___ Visa ___ MC # _____ Expiration ___/___

Please return to Beth Jacob Synagogue, PO Box 1133, Montpelier, VT 05601.

Thank you for your support!

Donor (signature) date For Beth Jacob Synagogue (signature) date