

# Congregation Beth Israel

A member of the Union for Reform Judaism

## DONATION FORM

Your gifts support the work of Congregation Beth Israel, providing the means to make available the facility, the programs, and the services of the synagogue. This form is for your convenience in making donations. Please print it out and mail it to CBI.

Make checks payable to **Congregation Beth Israel**. Contributions to CBI are tax-deductible.

Sustainer (\$500+) \$ \_\_\_\_\_  
General Fund: \$ \_\_\_\_\_

### RESTRICTED FUNDS:

Adult Education \$ \_\_\_\_\_  
Arts Acquisition \$ \_\_\_\_\_  
Building \$ \_\_\_\_\_  
Educator's Discretionary Fund \$ \_\_\_\_\_  
Caring Committee \$ \_\_\_\_\_  
Chevra Kadisha \$ \_\_\_\_\_  
Chutzpah Chorus \$ \_\_\_\_\_  
Library Fund \$ \_\_\_\_\_  
Linden Lectureship \$ \_\_\_\_\_  
Maialily Schult Memorial \$ \_\_\_\_\_  
Preschool Endowment Fund \$ \_\_\_\_\_  
Prayerbook/Ritual Objects \$ \_\_\_\_\_  
PTO Fund \$ \_\_\_\_\_  
Rabbi's Discretionary Fund \$ \_\_\_\_\_  
Religious School \$ \_\_\_\_\_  
Second Century \$ \_\_\_\_\_  
Tzedakah Fund \$ \_\_\_\_\_  
Youth Group \$ \_\_\_\_\_

My gift is made in memory of \_\_\_\_\_

My gift is made in honor of \_\_\_\_\_

Please charge my credit card: \_\_\_ MasterCard \_\_\_ VISA \_\_\_ Am. Express

Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

301 East Jefferson Street | P.O. Box 320 | Charlottesville, Virginia 22902  
Telephone: (434) 295-6382 | Fax: (434) 296-6491  
E-mail: [office@cbicville.org](mailto:office@cbicville.org) | <http://www.cbicville.org>