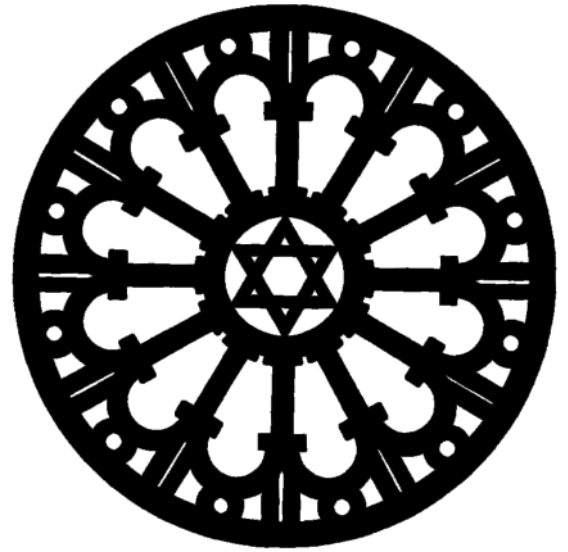


Congregation Emanu-El of the City of New York

ANNUAL FUND DONATION FORM

The Congregation Emanu-El Office of Development and Philanthropy helps our members and friends to advance their personal financial and philanthropic goals while supporting the Temple. Donations to **The Annual Fund** are a wonderful and appropriate way to celebrate a birth, birthday or other life-cycle event; to honor or remember a loved one; or to express gratitude to a member of the Emanu-El clergy or staff. Should you wish to make an "in honor of" or "in memory of" gift, the Office of Development and Philanthropy is happy to advise the person(s) of your thoughtfulness.



CONTRIBUTION AMOUNT

___ \$100,000 (1845 Circle) ___ \$50,000 (Emanu-El Circle) ___ \$25,000 (Leadership)
___ \$10,000 (Benefactor) ___ \$5,000 (Patron) ___ \$2,500 (Sustainer)
___ \$1,000 (Supporter) ___ \$500 (Contributor) ___ \$250 (Contributor)
___ \$100 (Contributor) ___ Other Amount \$ _____

DONOR INFORMATION

(All information **MUST** be completed. Information will **NOT** be shared with third party organizations.)

Title(s) _____ Name _____
(Mr./Mrs./Ms.)

Email _____ Phone _____

Are you a Temple member? ___ Yes ___ No

Please recognize this gift in the *Window* publication. ___ Yes ___ No

Please accept this gift as an anonymous donation. ___ Yes ___ No

If you would like to be recognized in the *Window* publication, then please indicate below how you would like your name(s) to appear (i.e., Mr. and Mrs. John Smith, Jane and John Smith).

Window listing _____

(continued)

CREDIT CARD INFORMATION

Card Type _____ Card Number _____

Security Code _____ Expiration Date _____

BILLING NAME AND ADDRESS

(Enter the name as shown on your credit or debit card, and enter the billing address for this card.)

Billing Name _____

Street Address _____

City _____ State / Province _____

Postal Code _____ Country _____

HONOR AND MEMORY

(If you would like to make your donation in honor of or in memory of a person (or persons), then please complete the information below.)

This gift is in honor of _____

This gift is in memory of _____

If you would like us to notify someone about this donation, then please complete the following fields.

Name _____

Street Address _____

City _____ State / Province _____

Postal Code _____ Country _____

DONATE BY PHONE OR MAIL

If you prefer to make your credit card donation over the phone, please call Gila Drazen at 212-507-9525.

Otherwise, send this completed form by mail to:
Office of Development and Philanthropy
Congregation Emanu-El of the City of New York
1 East 65th Street
New York, NY 10065