

## Congregation Sons of Abraham Donation Form

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Please accept this donation from: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

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This donation is for the purpose of (circle one):

*Yahrzeit   In Memory of   In Honor of   Anniversary/birthday   for the Speedy Recovery of   Other*

Name of person: \_\_\_\_\_

Please apply my donation to the following funds, as designated below:

General Fund                      \$ \_\_\_\_\_

Endowment Fund                      \$ \_\_\_\_\_

Building Fund                      \$ \_\_\_\_\_

Rabbi's Retirement Fund                      \$ \_\_\_\_\_

Cemetery Fund                      \$ \_\_\_\_\_

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Please print this form, fill it out, and send with a check in the amount of your donation to:

Treasurer  
Congregation Sons of Abraham  
1820 Main Street  
La Crosse, WI 54601

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*Thank you for your donation!*