

CENTRAL SYNAGOGUE OF NASSAU COUNTY
430 DeMott Ave., Rockville Centre, NY 11570

Date _____

I wish to make a contribution:

- In Memory of _____
- In Honor of _____
- In Appreciation of _____
- For the Speedy Recovery of _____

TEMPLE ANNUAL SUPPORT*

Make checks payable to Central Synagogue

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> LITURGICAL MUSIC |
| <input type="checkbox"/> GENERAL | <input type="checkbox"/> ONEG |
| <input type="checkbox"/> LIBRARY | <input type="checkbox"/> PRAYERBOOK |
| | <input type="checkbox"/> YAHRZEIT |

SISTERHOOD FUNDS

Make checks payable to Sisterhood

- FLORAL
- GENERAL
- SCHOLARSHIP - TORAH FOR TOTS
- Y.E.S.

EDUCATION FUND

Make checks payable to Central Synagogue

RABBI'S DISCRETIONARY FUND

Make checks payable to
Rabbi's Discretionary Fund

CANTOR'S DISCRETIONARY FUND

Make checks payable to
Cantor's Discretionary Fund

EVELYN BISHOP EISNER SCHOLARSHIP FUND

Make checks payable to
Central Synagogue

Please notify the following of this contribution:

Name _____

Name _____

Address _____

Address _____

CONTRIBUTED BY:

Name _____ E-mail address _____

Address _____

FOR OFFICE USE ONLY

Date of Acknowledgment _____ Cash _____ Charge _____ Check _____

* Though reasonable efforts will be made to use donations for annual support as designated, your donation may be used for our other annual needs.