

# Yes, I want to support the Temple Concord Chai-Five Campaign!

Name(s) \_\_\_\_\_  
 (Please print your name(s) here as you would like it/them to appear in Shelanu & other public thank yous)  
 \_\_\_\_\_ I/We wish to donate anonymously (please still print you names(s) above for our records)

Please provide the information below so that we can thank you -- it will not be released to anyone else  
 Address \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

	Cost	Units Needed	Units Donated	x \$180	Total Donated
<b>Please make my donation to whichever area is most in need.</b>				x \$180	
<b>Celebrating Shabbat and Jewish Holidays</b>					
Music	\$6,480	36		x \$180	
High Holiday Prayer Books	\$6,840	38		x \$180	
<b>Our Home and Facilities</b>					
Mansion porch repair	\$12,600	70		x \$180	
Mansion kitchen improvements	\$3,600	20		x \$180	
Upgraded Wi-Fi	\$900	5		x \$180	
Interior restoration projects	\$720	4		x \$180	
<b>Our Synagogue Family</b>					
Youth group	\$720	4		x \$180	
Social gatherings for adults	\$360	2		x \$180	
<b>Our Community</b>					
Frostless freezer for CHOW	\$540	3		x \$180	
<b>Lifelong Learning</b>					
Religious and Hebrew School	\$3,600	20		x \$180	
Leadership development	\$5,400	30		x \$180	
Equipment for streaming learning & worship	\$5,400	30		x \$180	
<b>Note: Over-funded items will be re-allocated.</b>			<b>TOTAL</b>	x \$180	

## Preferred Payment Method

\_\_\_\_\_ Please find my check for the full amount of my donation enclosed (payable to Temple Concord).  
 \_\_\_\_\_ I wish to pay in three equal installments and will send checks each month for the next three months.  
 \_\_\_\_\_ I wish to pay in six equal installments and will send checks each month for the next six months.

Please bill my \_\_\_\_\_ Visa \_\_\_\_\_ Master Card  
 \_\_\_\_\_ Please add 3% to my donation to cover credit card fees.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Please bill my credit card for the full amount of my donation upon receipt of this form.  
 \_\_\_\_\_ Please bill my credit card in three equal installments over the next three months.  
 \_\_\_\_\_ Please bill my credit card in six equal installments over the next six months.

Prefer a different time frame? Just write it in here \_\_\_\_\_

My signature below serves as my commitment to pay my donation in full according the arrangement I have chosen.  
 Name \_\_\_\_\_ Date \_\_\_\_\_

Please return your form to Temple Concord, 9 Riverside Drive, Binghamton, NY 13905 attn: Chai-Five

**Thank you! Your gift will make a vital difference to your congregation!**

(website)

(HH 2018)