

**CONGREGATION LEYV HA-IR ~ HEART OF THE CITY
CONTRIBUTION FORM**

Please print this form, complete it and return at address below.

*Contributor Name(s):

Street Address:

City, State, ZIP:

Primary Phone: Alternate Phone:

E-mail Address:

* = Required Information

At this time I would like to make the following contribution to Leyv Ha-Ir \$ _____

I would like to designate that this contribution go to:

- General Fund**
- High Holiday Fund
- Yom Kippur Community Break Fast Fund
- Choir/Music Fund
- Oneg/Refreshment Fund
- Prayer Book Fund (\$36 to dedicate a prayer book)

If you would like your contribution to be made in honor or memory of a person, please specify:

- This contribution is in honor of _____
- This contribution is in memory of _____
- Other occasion _____

Please send an acknowledgement of this contribution to:

Name(s): _____

Street Address: _____

City, State, ZIP: _____

Please add me to Congregation Leyv Ha-Ir's email list.

I am interested in membership to Congregation Leyv Ha-Ir

Our online membership form is available at www.leyvhair.org or feel free to contact us by phone or e-mail.



Please return the completed form with your check to:

Congregation Leyv Ha-Ir
P.O. Box 15836, Philadelphia, PA 19103

Congregation Leyv Ha-Ir ~ Heart of the City - P.O. Box 15836, Philadelphia, PA 19103
www.leyvhair.org - info@leyvhair.org – voice mail line: 215-629-1995