



**TEMPLE SINAI**  
NEW ORLEANS

**PLEASE RETURN THIS FORM WITH ENCLOSED ENVELOPE**

*I want to support Temple Sinai with my 2018 Annual Gift of:*

\_\_\_\_ \$1000

\_\_\_\_ \$500

\_\_\_\_ \$360

\_\_\_\_ \$180

\_\_\_\_ \$100

\_\_\_\_ \$50

\_\_\_\_ \$36

\_\_\_\_ \$18

Other \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_ Check enclosed payable to Temple Sinai

\_\_\_\_ Credit Card payment    \_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ American Express

Card Number \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_ Name on Card \_\_\_\_\_

Zip Code on card \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_ Please make my gift in honor/memory of \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

***THANK YOU SO MUCH FOR YOUR GENEROSITY!!***

All donations are tax deductible to the full extent of the law.