



Congregation Beth Israel  
www.cbict.org  
bethisrael@cbict.org  
860-233-8215

## Donation Form

*Please print and complete this form.*

Enclosed please find our donation to be applied to the \_\_\_\_\_ Fund  
In the amount of \$\_\_\_\_\_

In honor of: \_\_\_\_\_ In memory of: \_\_\_\_\_  
Other reason for donation: \_\_\_\_\_

If you would you like us to notify this person of your donation, complete this section:

Notify Name: \_\_\_\_\_

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

Donor Name: \_\_\_\_\_

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

To pay by check, please make check payable to Congregation Beth Israel

To pay by credit card, please complete this section:

Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date (month/year) \_\_\_\_\_

3 or 4 digit access number (on back of card) \_\_\_\_\_

*Please mail completed form to:*

Congregation Beth Israel  
701 Farmington Ave.  
West Hartford, CT 06119

Questions? Call our office at 860-233-8215.

**Thank you for your support!**