

Temple Beth Shalom Capital Campaign

## DONATION/CHECK Gift Form



Donor(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

I/we wish to make a donation to Temple Beth Shalom, Melrose, MA  
(Taxpayer ID # 04-2220520)

**In the amount of \$** \_\_\_\_\_

Please complete this form, attach your check, and then mail both items to:

Temple Beth Shalom  
**Attn: Capital Campaign / Financial Secretary**  
21 East Foster Street  
Melrose, MA 02176

Signed: \_\_\_\_\_  
Donor(s)

Date: \_\_\_\_\_

3/7/07