

DONATION FORM

I/we would like to make a char	ritable donat	tion to the Waln	ut Street Sy	nagogue as	follows (check one)	
□\$18	⊐\$36	□\$54				
□\$72	⊐\$144	\Box Other (\$)			
□Monthly \$	(please c	ontact us by En	nail or USPS	S for further	r details)	
Purpose:	□ General Contribution					
□ In Memory C	0f					
\Box In Honor Of						
□ Mazel Tov To			Occasion			
□ Get Well To						
□ Yahrzeit Of						
Please send acknowledgemen Name	· •					
Address		_City		State	_Zip	
Email						
Donor Information						
Name						
Address		_City		State	_Zip	
Phone		Email				
□ Donors may be recognized on or remain anonymous.	our website a	nd in printed or c	other online m	naterial. Plea	ase check if you would prefer	
Preference for correspondence	□ Email □	□ USPS				

MAIL-IN PAYMENT

Enclosed is a check in the amount of \$____ made payable to Walnut Street Synagogue Please make check payable to Walnut Street Synagogue and mail to: Walnut Street Synagogue, PO Box 505265, Chelsea, MA 02150-5265; Attn: Donation

ONLINE PAYMENT

Payment should be made by clicking on the DONATE ONLINE link at <u>www.walnutstreetsynagogue.com/giving</u>. The DONATE ONLINE link will take you to PayPal. Please include "Donation" and any special instructions in the "Write a note" section (e.g. regarding tributes, if you prefer to remain anonymous, and if you prefer Email or USPS correspondence). PayPal accepts all major credit cards.

QUESTIONS

donor.wal	Inutstreetshu	1(a	gmai	l.com
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8-30-2023

Congregation Agudas Sholom of Chelsea Walnut Street Synagogue is a 501(c)(3) organization. (EIN 04-2217582)