

SINAI TEMPLE  
1100 Dickinson Street  
Springfield, MA 01108

Enclosed is \$ \_\_\_\_\_

Date \_\_\_\_\_

Check to be sent \_\_\_\_\_

Initial \_\_\_\_\_

Contribution to the \_\_\_\_\_ fund

In Honor of  
In Memory of: \_\_\_\_\_  
\_\_\_\_\_

Please acknowledge to: \_\_\_\_\_

(Street) \_\_\_\_\_

\_\_\_\_\_ City State Zip

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

Address of Donor: \_\_\_\_\_

\_\_\_\_\_ City State Zip