



Donor Information (please print or type)

Name			
Address			
City			
State		ZIP Code	
Home Telephone		Business	
E-Mail			

Gift Information

Gift amount (\$)	<input type="checkbox"/> 108 <input type="checkbox"/> 90 <input type="checkbox"/> 72 <input type="checkbox"/> 36 <input type="checkbox"/> 18 This amount: _____		
Solel Fund	<input type="checkbox"/> Capital Campaign <input type="checkbox"/> Education Fund <input type="checkbox"/> Library Fund	<input type="checkbox"/> Music Fund <input type="checkbox"/> Rabbi Discretionary Fund <input type="checkbox"/> Tribute Fund	
Designation	<input type="checkbox"/> In honor of	<input type="checkbox"/> In memory of	
Person(s)			
On the occasion of			

Credit Card Information

Credit card type	<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Credit card number	Expiration Date
Authorized signature	

Acknowledgement Letter Information

Name			
Address			
City			
State		ZIP Code	
Send letter from			

I (we) wish to have our gift remain anonymous.

Signature(s)	Date
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Please make checks or other gifts payable to:

Congregation Solel
 1301 Clavey Road
 Highland Park, IL 60035