

FOR DONATIONS, PLEASE COMPLETE THIS FORM

If payment is by check, please put this form with your check in the tzedakah box, OR mail your check with this form to: **TEMPLE ISRAEL OF DELAND, P. O. BOX 1808, DELAND, FL 32721-1808**

If payment is through PayPal on our website, please email this form to: **jman9835@cfl.rr.com**

Your Name: _____

Your Address: _____

Amount of Donation: _____

In Honor of: _____

For: _____

Address: _____

In Memory of: _____

Family Address: _____

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