

## KOL HAKAVOD FUND

Yes, I would like to donate to the Kol HaKavod Fund

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City, State Zip Code

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLEASE CHECK THE CATEGORY YOU HAVE CHOSEN:

\_\_\_\_\_ Chai Level: \$1,800 over three years (\$600 a year)

\_\_\_\_\_ Double Chai Level: \$3,600 over three years (\$1,200 a year)

\_\_\_\_\_ Triple Chai Level: \$5,400 over three years (\$1,800 a year)

\_\_\_\_\_ Donation \$ \_\_\_\_\_ Amount

Enclosed is my check for \$ \_\_\_\_\_

Return to:

JCC OF LBI, 2411 LONG BEACH BLVD., SPRAY BEACH, NJ 08008  
AND MARK YOUR CHECK KOL HAKAVOD FUND