



Contribution to Kol HaNeshamah

Date: _____

Enclosed please find a contribution in the amount _____

in honor of/in memory of _____

Please notify the following person/people of this contribution:

Name: _____

Address: _____

City: _____ State _____ Zip _____

This contribution is directed to:

____ general KHN needs ____ life-cycle needs

____ children's education ____ Rabbi's Discretionary Acct.

____ Adult Education ____ religious life

____ other

This contribution is given by:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ email: _____