

**Yes, I WANT TO MAKE A DIFFERENCE!**

**Here's my Donation...**

\_\_\_\_\_  
Last Name (Please Print)

\_\_\_\_\_  
First Name (Please Print)

\_\_\_\_\_  
Address (Please Print)

\_\_\_\_\_  
(Phone)

Date: \_\_\_\_\_ Amount of Donation: \_\_\_\_\_

Donation made by: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

In honor of: \_\_\_\_\_

On the occasion of: \_\_\_\_\_

Speedy Recovery to: \_\_\_\_\_

Acknowledgement sent to: \_\_\_\_\_

PLEASE DIRECT MY DONATION TO THE FUND CHECKED BELOW:

- General Fund       Camp Pomegranate       Camp Pomegranate Director's Fund  
 Mitzvah Project (Not yet Determined for '07-'08)       Where it is most needed

PLEASE CUT OUT THIS FORM AND MAIL IT TO THE TEMPLE WITH YOUR CHECK.  
YOUR GENEROSITY IS GREATLY APPRECIATED.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Dep: \_\_\_\_\_

Dep By: \_\_\_\_\_

*Please Cut Out This Form And Mail It To The Temple With Your Check.*

*Your Generosity Is Greatly Appreciated.*

Temple Etz Rimon P.O. Box 130845, Carlsbad, Ca 92013-0845