



Temple Beth Tikvah 5772 Annual Fund Pledge Form

Please indicate how you would like your name to appear for recognition of your gift.

Name _____

I wish this gift to be anonymous.

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Email Address _____

I would like to pledge \$ _____ to be paid on _____.

Enclosed is a check payable to Temple Beth Tikvah Annual Fund.

I would like to pledge (choose one) _____ quarterly _____ biannually _____ one payment

By credit card, charged to:

MasterCard Visa

Card Number _____ Expiration Date: __ / __

Signature: _____

Will your gift be matched by your employer?

- | | | |
|------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Matching | <input type="checkbox"/> Form will |
| <input type="checkbox"/> No | Gift form | be sent |
| | enclosed | later |

Return this form to: Temple Beth Tikvah
P.O. Box 1269, 196 Durham Road
Madison, CT 06443

Please make checks out to Temple Beth Tikvah Annual Fund.
All pledges to the 5772 Annual Fund must be paid by June 1, 2012.

All donations to the Annual Fund are tax deductible.

Donations received prior to December 31, 2011 are deductible in the 2011 tax year.