

TEMPLE JUDEA OF BUCKS COUNTY

Temple Judea Capital Campaign

I (we) pledge \$ _____ toward the Temple Judea capital campaign.

This commitment will be fulfilled as follows:

\$ _____ paid today or on _____

\$ _____ paid _____

\$ _____ paid _____

\$ _____ paid _____

\$ _____ paid _____

I (we) wish to designate this gift in honor of in memory of:

This pledge is made in consideration of the gifts of others, Temple Judea's continued success and the goals of the Temple Judea Campaign.

Donor(s) Name(s): (Please print name(s) as you would like it/them to appear in campaign publications.)

Address: _____

Donor(s) signature(s): _____

Date: _____

I (we) prefer that the fact of my (our) gift be anonymous.

I (we) prefer that the amount of my (our) gift not be publicized.



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