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**TEMPLE BETH TORAH,
MELVILLE, NEW YORK**

_____ Date

Amount: \$ _____ Fund: _____

From: _____

In honor of: _____

In memory of: _____

Speedy recovery of: _____

Other: _____

Send acknowledgement to: _____

Credit or Debit Card (Circle One) Card # _____

3% Fee on Credit

Expiration Date: _____ Security Code: _____

For Office Use Only:

Paid: \$ _____ Check #: _____ Sent: _____ Arc: yes no

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