## CONGREGATION LEYV HA-IR ~ HEART OF THE CITY CONTRIBUTION FORM

*Contributor Na	me(s):
City, State, ZIP:	
Primary Phone:	Alternate Phone:
E-mail Address: * = Required In	formation
I would like to d  ☐ Gener ☐ High ☐ Yom I ☐ Music ☐ Oneg	Holiday Fund Kippur Community Break Fast Fund
☐ This o	e your contribution to be made in honor or memory of a person, please specify: contribution is in honor of contribution is in memory of
☐ Other	occasion
	acknowledgement of this contribution to: :
Street A	ddress:
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	ne to Congregation Leyv Ha-Ir's email list. ed in membership to Congregation Leyv Ha-Ir
Our online mem	bership form is available at www.leyvhair.org or feel free to contact us by



## Please return the completed form with your check to:

Congregation Leyv Ha-Ir P.O. Box 15836, Philadelphia, PA 19103

Congregation Leyv Ha-Ir ~ Heart of the City - P.O. Box 15836, Philadelphia, PA 19103 www.leyvhair.org - info@leyvhair.org - voice mail 215-629-1995