



P.O. Box 610431  
Newton Highlands, MA 02461

617-965-6862  
shirhadash-ma.org

## DONATION FORM

Name of Donor \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Amount of Donation \_\_\_\_\_

Purpose of Donation

In Honor of \_\_\_\_\_

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

Sending Wishes for Healing \_\_\_\_\_

In Appreciation of \_\_\_\_\_

Other \_\_\_\_\_

Message

Send message and notification of Donation to:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

With your permission, we would like to list your donation in our newsletter. May we list:

Purpose of donation       Message       Donor       Do not list in newsletter

Select means of payment below:

Mail check and form to:  
Treasurer  
Shir Hadash  
P. O. Box 610431  
Newton Highlands, MA 02461

Email form to [Ellen@fishermural.com](mailto:Ellen@fishermural.com)  
and pay by credit card via secure PayPal by clicking **DONATE** at:  
<http://www.shirhadash-ma.org/>