



**MERRICK  
JEWISH  
CENTRE**  
CONGREGATION OHR TORAH

## KOL NIDRE CAMPAIGN

225 Fox Blvd, Merrick, NY 11566  
(516) 379-8650

It is with great pleasure that I/We \_\_\_\_\_  
pledge the following gift to The Merrick Jewish Centre. Pledges  
can be paid on a monthly or quarterly basis via credit card or  
synagogue billing.

- |                                       |                    |                                      |
|---------------------------------------|--------------------|--------------------------------------|
| <input type="radio"/> Pillar of Torah | \$10,000           | <input type="radio"/> \$250          |
| <input type="radio"/> Guardian        | \$5,000            | <input type="radio"/> \$180          |
| <input type="radio"/> Builder         | \$2,500 (\$208/mo) | <input type="radio"/> \$100          |
| <input type="radio"/> Benefactor      | \$1,800 (\$150/mo) | <input type="radio"/> \$72           |
| <input type="radio"/> Sponsor         | \$1,000 (\$83/mo)  | <input type="radio"/> \$54           |
| <input type="radio"/> Patron          | \$500 (\$41/mo)    | <input type="radio"/> \$36           |
| <input type="radio"/> Supporter       | \$360 (\$30/mo)    | <input type="radio"/> Other \$ _____ |

## KIDS FOR KOL NIDRE BOARD OF RECOGNITION

☆ \$18 ☆ \$36 ☆ \$54 ☆ \$72 ☆ \$ \_\_\_\_\_

Names: \_\_\_\_\_  
(\$18 minimum)

\_\_\_\_\_  
\_\_\_\_\_

Payment Total: \_\_\_\_\_

\_\_\_ Check Enclosed \_\_\_ Please Bill Me

\_\_\_ Monthly \_\_\_ Quarterly

\_\_\_ MC \_\_\_ VISA \_\_\_ DISC \_\_\_ AMEX

Credit Card# \_\_\_\_\_

Signature: \_\_\_\_\_