

## Shalom Bayit Mail-In Donation Form

NAME \_\_\_\_\_

MAILING ADDRESS

\_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

PHONE

\_\_\_\_\_

Is this contribution in honor or memory of someone?  Yes  No

*If yes, please fill out the following information:*

In honor of / In memory of (*please circle one*)

\_\_\_\_\_

Please send tribute card to (*include name, address, city, state, and zip code*):

\_\_\_\_\_

Special message

\_\_\_\_\_

\_\_\_\_\_

Check enclosed (*made payable to: 'Social Good Fund' with 'Shalom Bayit' in memo*)

Please charge my credit card (*fill out credit card information in the box below*)

Name on card

\_\_\_\_\_

Credit card # \_\_\_\_\_ EXP. \_\_\_\_\_

Billing address (*if different then mailing address*)

\_\_\_\_\_

Please mail your donation to:

Shalom Bayit

PO Box 2883

Berkeley, CA 94702