

# Life Event Acknowledgement

B'nai Torah Congregation 6261 S.W. 18<sup>th</sup> Street, Boca Raton, FL 33433  
561-392-8566

Please complete and return this form to the Synagogue office by the **Monday** prior to your event . All events listed below must be confirmed through Elaine Siegell at extension 309.

I want to make a donation in honor/memory of the following event. Please attach a check payable to B'nai Torah Congregation or include credit card information below, indicating your choice of fund. **PLEASE PRINT LEGIBLY.**

- Mildred and Abner Levine Flower Fund (\$150.00 minimum donation)
- Kiddush Fund (\$250.00 minimum donation)

**Bar/Bat Mitzvah** Date of Event \_\_\_\_\_  
Child's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Parents' Names \_\_\_\_\_

**Auf Ruff** Date of Wedding \_\_\_\_\_  
Bride's Name (English & Hebrew) \_\_\_\_\_  
Parents of Bride \_\_\_\_\_  
Groom's Name (English & Hebrew) \_\_\_\_\_  
Parents of Groom \_\_\_\_\_

**Baby Naming** Date of Birth \_\_\_\_\_  
Baby's Name (English & Hebrew) \_\_\_\_\_  
Mother's Name (English & Hebrew) \_\_\_\_\_  
Father's Name (English & Hebrew) \_\_\_\_\_

**Anniversary** Wedding Date \_\_\_\_\_ # years married \_\_\_\_\_  
Wife's Name (English & Hebrew) \_\_\_\_\_  
Husband's Name (English & Hebrew) \_\_\_\_\_

**Birthday** Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Name (English & Hebrew) \_\_\_\_\_

**Yahrzeit** Observed by \_\_\_\_\_  
In memory of \_\_\_\_\_ Relationship \_\_\_\_\_

Donor's name(s) \_\_\_\_\_ E-mail address \_\_\_\_\_  
Donor's address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

- Check # \_\_\_\_\_ enclosed in the amount of \$ \_\_\_\_\_
- Please charge my **VISA MASTERCARD AMEX** in the amount of \$ \_\_\_\_\_

Acct # \_\_\_\_\_ Expiration date \_\_\_\_\_  
Signature \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*  
REC'D BY \_\_\_\_\_ DATE \_\_\_\_\_