

Please Return This Sheet With Your Payment

Name: _____ Amount Enclosed: \$ _____ Check #: _____

Please apply the enclosed payment as follows:

\$ _____ Dues	\$ _____ Yom Kippur Appeal Pledge
\$ _____ Religious School Tuition	\$ _____ Program: _____
\$ _____ Nursery School Tuition	\$ _____ Program: _____
\$ _____ Building Fund	\$ _____ Donation: _____
\$ _____ Capital Campaign	\$ _____ Donation: _____

Return with your payment to: Shaare Torah, PO Box 83598, Gaithersburg, MD 20883. Make checks payable to Shaare Torah. For billing questions, call 301-869-9842. Thank you for your continuing support.

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