



Saturday, April 24, 2010
Fourth Street Garage, San Jose

Underwriting & Sponsorship Form

Contact Information (Please PRINT Information Legibly)

Name of Donor(s) _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Underwriter/Sponsor Identification (check one)

I agree to be named as an underwriter/sponsor in event publications.

Name(s) as it/they should appear:

I wish to remain anonymous.

Payment Method

Enclosed check for: \$ _____

(Make payable to Congregation Shir Hadash)

Credit Card Payment: (Circle) Visa, Mastercard, Amex, or c.c. on file

Card# _____ Exp. date: _____

Name as it appears on card: _____

Amount to charge: \$ _____

Contributions must be received by April 10 to receive program recognition.

Tax ID# 94-2662529

Please complete and mail this form to: Congregation Shir Hadash
20 Cherry Blossom Lane, Los Gatos, CA 95032-4637
ATT: Barb Chappell or Linda Rossen