



CONGREGATION BETH EL
Letter of Intent

Name of Donor(s) _____

Name(s) as you wish to appear for recognition purposes:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone: _____

E-Mail Address: _____

**Yes, I/we wish to support Congregation Beth El Capital Campaign
with the following Commitment:**

Total Amount Pledged: \$ _____

Initial Payment Enclosed: \$ _____

Balance Payable: \$ _____

Pledge will be fulfilled over a period of _____ years

(All gifts and pledges must be fulfilled over a two- to three-year period.)

Please send reminder notices for future payments on the balance

___ **Annually** ___ **Semi-Annually** ___ **Quarterly**

Optional:

This gift is given: ___ In Honor of _____

___ In Memory of _____

Signature: _____ Date: _____

All Gifts to Congregation Beth El are tax-deductible to the fullest extent of the law and will be acknowledged in writing.

Please make your check(s) payable to Congregation Beth El and send this form with any enclosed check(s) to: Leslie Harris, 323 S.16th Street, Lewisburg, PA 17837