

METRONORTH REGION TORAH FUND EVENT CHECK FORM

NAME: _____

SISTERHOOD/AFFILIATE NAME: _____

DONATION IN HONOR OF: _____

CONTACT INFORMATION:

Address: _____ Phone: _____

_____ Email: _____

Please mail this completed form together with your
check made out to **TORAH FUND** for an \$18 minimum donation to:

Linda Klempner
201 E. 66th Street Apt 15 L
New York, NY 10065