



A CAMPAIGN FOR THE FUTURE OF THE INDIANAPOLIS HEBREW CONGREGATION

INDIANAPOLIS HEBREW CONGREGATION
6501 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46260
317/255-6647

NAME: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

IN CONSIDERATION OF THE GIFTS AND PLEDGES OF OTHERS AND OBLIGATIONS TO BE INCURRED IN RELIANCE ON THEM, I (WE)
PLEDGE TO PAY TO THE INDIANAPOLIS HEBREW CONGREGATION:

____ \$25,000; ____ \$10,000; ____ \$5,000; ____ \$2,500; ____ \$1,500; ____ \$1,000;

OTHER \$ _____ TO BE PAID IN _____ ANNUAL INSTALLMENTS

LIST NAME(S) AS YOU WOULD LIKE TO BE PUBLICLY RECOGNIZED: _____

SIGNATURE: _____ DATE: _____