



COLUMBUS
COMMUNITY
MIKVAH

Donation Form

Donor Information (please print or type)

Name _____
Billing address _____
City, ST Zip Code _____
Phone _____
Email _____

Donation Information

Enclosed is a donation totaling \$ _____
(Please make checks payable to: Columbus Community Mikvah Fund)

Acknowledgement Information

In Honor In Memory

Please use the following name in all acknowledgements: _____

Acknowledge gift via Postal Mail

Address _____
City, ST Zip Code _____
Phone _____

Acknowledge gift via email

Email _____

I (we) wish to have our Donation remain anonymous.

Signature(s)

Date

Please send completed form and checks to: Columbus Community Mikvah Fund
c/o Columbus Jewish Foundation
1175 College Avenue
Columbus, Ohio 43209