

## Honor our Heritage, Build our Future The Campaign for Temple Sinai

Name:					
Street:					
City:	State:	Zip:			
Board of Trustee	es				
Temple Sinai					
Washington, DC	•				
Attention: Rabb		·		"the Temple")	), a
Reform Jewish s	-	•		•	
Washington, DC	20015, <b>\$</b>	per yea	ar over yea	ars, a total	
pledge of \$	Gifts	s in payment	of this pled	ge will be in th	ıe
form of cash, ma					
the Temple as d	esignated in	the Gift Acce	eptance and	Crediting	
Policies.				_	

1. **Purpose:** It is the expectation that our gifts in payment of this pledge will be used to support the Temple at its discretion and consistent with its mission and goals in the current campaign. This gift is designated for the purposes of improving facilities, clergy and program support, and the annual fund.

Please indicate if you would like your g	gift to be designated to a
specific campaign component:	

\_\_\_\_\_

2. **Payment:** We intend to make gifts in payment of this pledge in regular installments based on the following schedule. They will begin in FY 2019/20 and end in 2023/24, unless we choose to satisfy this pledge sooner. My/our pledge schedule (and allocation schedule) is as follows:

## PLEDGE PAYMENT SCHEDULE:

We intend to contribute the amounts indicated in the chart below each year by May 31<sup>st</sup> of each **fiscal** year. The Temple offers flexibility to its donors in fulfilling their pledges and acknowledges that pledge payments can be larger or smaller during some years.

Please send us a pledge payment reminder sometime before \_\_\_\_\_ of each year of our pledge.

Fiscal	Facility	Clergy and	Annual	Total
Year	Improvements	<b>Programs</b>	Fund	
19/20				
20/21				
21/22				
22/23				
23/24				

TOTALS: \$ \$ \$ \$

**3. Recognition by the Temple:** To honor the Donor and to express the Temple's gratitude, publicity in the form of news

announcements, both internal and external, will be made with the permission of the Donor. Additionally, the Donor's name will be listed in the Temple's Annual Report.

a.	Please indicate how you in any recognition by the	would like your name(s) to e Temple:	appear		
b.	Please initial here if you would like your gift to remain anonymous.				
C.	Questions or concerns about the recognition of this gift car always be directed to Noah Benjamin, Development Coordinator, at nbejamin@templesinaidc.org or 202-363- 6394 ext. 234				
	icate your acceptance of t to us a copy of this letter.	this pledge by signing and			
Sincerely,					
DONOR		DONOR			
The pledge hereinabove set forth is gratefully acknowledged and accepted in accordance with its terms this day of, 20					
<del></del>	THANK YOU FOR YOUR SUPPORT OF TEMPLE SINAI				

All contributions are tax deductible in accordance with IRS regulations.

Our Tax ID number is: 53-0231513

If you have any questions about this pledge, please contact Noah Benjamin, Development Coordinator, at <a href="mailto:nbenjamin@templesinaidc.org">nbenjamin@templesinaidc.org</a> or 202-363-6394 ext. 234