


PARK AVENUE SYNAGOGUE

Thank you for your interest in giving to Park Avenue Synagogue by check or money order.

Please print and complete this form and return it to PAS with your donation.

50 East 87th Street, New York, NY 10128

Contact Information

Name: _____

Address: _____

Email: _____

Phone: _____

Would you like your name to be published in our quarterly report of giving, *Today!*, and our yearly report of giving, *Today Rabbah*? Yes _____ No _____

If so, please indicate your preferred recognition: _____

Donation Information

Donation Amount: _____ Check No.: _____ Check Date: _____

Unless specified otherwise, your donation will be directed to the General Fund at PAS, which means that your contribution will be used where it is needed most. If you wish to donate to a specific fund, please indicate which one here: _____

Is this gift...

In honor of someone? _____ Name: _____

In memory of someone? _____ Name: _____

If we should notify someone of your gift, please provide their name and contact information here:

Would you like to join our General Announcements email newsletter to stay informed about events, services, and more? Yes _____ No _____

Thank you again for giving to Park Avenue Synagogue and being part of our global community.

Full list of funds can be found [here](#)
Email donations@pasyn.org for assistance.