



## **GENERAL DONATION FORM**

Throughout the ages, at moments of joy or significance, Jews have embraced the opportunity to support synagogues and worthy causes. If you would like to make a donation to KEDEM, in honour of an occasion or in appreciation of one of our programs, please indicate the amount below and return this form with credit card details or if making an EFT payment please enter name in ID box. (We no longer accept cheques). If preferred call or email Rosi on [rosi.kedem@outlook.com](mailto:rosi.kedem@outlook.com) or 0414 328272 to arrange.

I am pleased to make a donation to KEDEM offered on the occasion of my:

- Yahrzeit  
  Birthday  
  Anniversary  
  Wedding  
  Kedem program  
  Other

Name(s): \_\_\_\_\_  
(please print)

Address \_\_\_\_\_  
\_\_\_\_\_

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$108 (6 chai) | <input type="checkbox"/> \$90 (5 chai) | <input type="checkbox"/> \$72 (4 chai) | <input type="checkbox"/> \$54 (3 chai) |
| <input type="checkbox"/> \$36 (2 chai)  | <input type="checkbox"/> \$18 (1 chai) | <input type="checkbox"/> \$10          | <input type="checkbox"/> \$_____ other |

### PAYMENT OPTIONS AS BELOW

**1. DIRECT DEBIT:**

Name: Kehillat David Hamelech (Kedem Inc)

Bank: NAB    BSB: 083054    Account: 653540231

**\*\*Please remember to put your name in the ID transaction box\*\***

**OR**

**2. PAYMENT BY CREDIT CARD (Visa / MasterCard ONLY)**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Expiry Date: \_\_\_\_ / \_\_\_\_  
(Month / Year)

Cardholder's name: \_\_\_\_\_

Signature: \_\_\_\_\_    Date : \_\_\_\_\_

PLEASE RETURN THIS FORM TO: Kehillat David Hamelech  
Kedem PO Box 1043, Caulfield North, Victoria 3161