Sisterhood of Temple Sholom,
Women of Reform Judaism
7190 Oak Street, Vancouver, BC V6P 3Z9
Telephone: 604-200-0539
templesholomsisterhood@gmail.com

Summer - Fall, 2015

RECEIPT FOR DONATION FOR OUR NOVEMBER 21, 2015 FUNDRAISER

We express our heartfelt thanks for your generous support of our annual fundraiser being held on November 21, 2015. Your name will be acknowledged in our program for the evening as well as in our monthly publication which reaches over 700 families in Metro Vancouver. **This serves as your business receipt for your donation of the item(s) listed.**

Complete Donor Particulars:

Name of Donor or Donor Company: _____

_____

Name of Contact Person of Donor, if different: _____

Address of Donor: _____

_____

Phone Number/email address of Donor:

_____

Particulars of Item(s) Donated:

Description of Item(s) Donated: _____

_____

Value of Item(s) Donated: $ _____

Sisterhood Signature for Pick Up or Delivery of Item:

Per: _____
(Signature of person picking up or receiving donation of item(s) listed for Sisterhood)

Date of pick up or receipt: _____

DETACH HERE AND ATTACH THE BOTTOM PART TO DONATED ITEM(S) FOR SISTERHOOD USE:

Sisterhood's 2015 Autumn Fling - Donation Particulars:

Name of Donor or Donor Company:

Name of Contact Person of Donor:

Address of Donor:

Phone Number/email address of Donor:

Description of Item(s) donated:

Value of Item(s) donated:

Obtained for Sisterhood by: