

Beth Jacob Congregation

L'dor V'dor Circle

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day (____) _____ Eve (____) _____

E.mail: _____

_____ I/we have already left Beth Jacob Congregation in my/our will

_____ I/We plan to leave Beth Jacob Congregation in my/our will

_____ I/We would like to be contacted about:

_____ Providing for Beth Jacob Congregation through my/our will

_____ Providing for myself or others through life income gifts to Beth Jacob

_____ Life Membership

_____ Making a cash endowment

_____ I/We would like our names listed on a plaque, publications, etc.

_____ I/We would like to be anonymous

*Please fax back to the Shul office at 619.287.0578 or mail to:
Beth Jacob Congregation 4855 College Avenue, San Diego, CA 92115*