

Congregation Beth Am



Family Name: _____

Address _____

Home Phone _____

Email Address _____

___ Yes I/ We would like to help the Beth Am Caring Committee and am willing to provide a meal for a family of 4.

___ Yes I/We would like to send in our pledge for \$25.00 or more to provide a meal for a family. Payment may be made via cash, check or charge cards forwarded to Victoria Cain-Stull at the Beth Am office with a copy to David Rifkin @ rifkintampa@aol.com.

___ I/ We would like to share our Caring Commitment with another family:

Name of additional family: _____

Address _____

Phone _____

Email address _____

The Caring Committee is responsible in providing meals all year long. Please advise what quarter of the year you wish to make your commitment:

___ Today through 12/31/13 ___ 1/1/14 through 3/30/14

___ 4/1/14 through 6/30/14 ___ 7/1/14 through 9/30/14

___ I/We can deliver the meal to members in need; please contact me to schedule.

Please fill in this form and return it to Congregation Beth Am on Yom Kippur.

Thank You!

David Rifkin and Congregation Beth Am's Caring Committee