



# Pledge Agreement Form

I/We wish to participate in the *Ahavat Torah* project  
Name(s) – Please list exactly as you wish to be recognized

NAME \_\_\_\_\_

PHONE (day) \_\_\_\_\_ PHONE (eve) \_\_\_\_\_

E-MAIL \_\_\_\_\_

## SECTION ONE: DEDICATION OPPORTUNITIES *(Please select one)*

My/Our dedication is in the amount of: \$ \_\_\_\_\_ For: \_\_\_\_\_

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

- Baby Naming       Bar/Bat Mitzvah       Birthday  
 Confirmation       Graduation       Engagement  
 Anniversary       Recovery from Illness  
Other \_\_\_\_\_

Please notify the following that a gift has been made in their honor:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I/We would like this gift to remain anonymous

## SECTION TWO: LETTER FILL-IN OPPORTUNITIES

- Sunday, 10/23/11       Sunday, 3/18/12      Closing Ceremony/Siyyum  
 Friday, 11/11/11       Sunday, 4/15/12      Sunday, October 21, 2012  
 Sunday, 12/4/11       Sunday, 5/6/12  
 Sunday, 2/5/12  
 I/We cannot make a dedication at this time.  
 Please contact me to discuss endowment opportunities and estate gifts toward this project

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please note the Payment Schedule on the reverse side. A minimum payment must accompany your Pledge Agreement Form.  
Please make checks payable to Temple Kol Emeth. Mail form & check to TKE, 1415 Old Canton Road, Marietta, GA 30062 Attn: *Ahavat Torah Project*