



DONATION FORM

I/we would like to make a charitable donation to the Walnut Street Synagogue as follows (check one)

- ☐ \$36 ☐ \$72 ☐ \$144
☐ \$360 ☐ \$500 ☐ Other (\$____)
☐ Monthly \$____ (please contact us by Email or USPS for further details)

Purpose:

- ☐ General Contribution
☐ In Memory Of _____
☐ In Honor Of _____
☐ Mazel Tov To _____ Occasion _____
☐ Get Well To _____
☐ Yahrzeit Of _____

☐ Please send acknowledgement to (optional):

Name _____

Address _____ City _____ State _____ Zip _____

Email _____

Donor Information

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

☐ Donors may be recognized on our website and in printed or other online material. Please check if you would prefer to remain anonymous.

Preference for correspondence ☐ Email ☐ USPS

MAIL-IN PAYMENT

Enclosed is a check in the amount of \$____ made payable to Walnut Street Synagogue

Please make check payable to Walnut Street Synagogue and mail to:

Walnut Street Synagogue, PO Box 505265, Chelsea, MA 02150-5265; Attn: Donation

NOTE: Please ensure that your return address is included on the front side of your envelope.

ONLINE PAYMENT

Payment should be made by clicking on the DONATE ONLINE link at www.walnutstreetsynagogue.com/giving or the QR code below. Both will direct you to PayPal. Please include "Donation" and any special instructions in the "Write a note" section (e.g. regarding tributes, if you prefer to remain anonymous, and if you prefer Email or USPS correspondence). PayPal accepts all major credit cards.



QUESTIONS

central.walnutstreetsynagogue@gmail.com

12-3-2025