

# CSAIR KOL NIDRE Campaign 5778

Mail form to: CSAIR, 475 West 250<sup>th</sup> Street, Bronx, New York 10471



Study. Prayer. Community.

As we prepare to begin a new year, why not consider making your annual Kol Nidre pledge/donation right now? When you make your Kol Nidre donation it goes right to work! Use the form below to make your pledge or donation or make it online at <http://www.csair.org/donation.php> It's fast, easy, and secure. And when you arrive at shul for Kol Nidre, instead of a pledge card on your seat, you will find a thank you card! Your dollars turn into programs, services, maintains our building, fund our Hebrew School.....all of the things that help to bring our community together and make us better and stronger.

## Why a Kol Nidre Donation?

Kol Nidre campaigns are a long-standing tradition at most synagogues. Kol Nidre was the one time of year when most synagogue members would be in attendance. The Kol Nidre appeal is a time when we ask our members to think long and hard about the kind of financial commitment they can make to the shul and, if possible, dig a little deeper and give as much as their financial situation allows. We know that this is a very personal decision and every household is different. We can tell you that Kol Nidre donations in the CSAIR community range from very modest amounts to \$5000. The average donation in 2016 was \$360. Suggested donations are \$36, \$72, \$180, \$250, \$360, \$540, \$720, \$900, \$1,800, \$3,600, etc.

If you have any more questions or would like to discuss your Kol Nidre pledge for this year, please contact CSAIR Executive Director Jennifer Knobe at 718-543-8400 or at [executivedirector@csair.org](mailto:executivedirector@csair.org).

Thank you for your support of CSAIR.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

I/We would like to support CSAIR with a Kol Nidre pledge of \$ \_\_\_\_\_.

I/We would like to make a Kol Nidre donation of \$ \_\_\_\_\_ to CSAIR right now.

My/Our check is enclosed **OR**  Please charge my credit card

### Authorization

I hereby authorize a charge in the amount indicated above to be made to my:



Visa



MasterCard



American Express

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_