



ALEF Fund, Inc.
Request for Designation of Funds

NAME: _____ PHONE NUMBER: _____

Designation	Contribution Amount
Undesignated Scholarship Pool (to be allocated by ALEF to participating schools)	
Alfred and Adele Davis Academy	
The Epstein School	
Katherine and Jacob Greenfield Hebrew Academy	
Doris and Alex Weber Jewish Community High School	
Yeshiva Atlanta	
Amit Atlanta	
Temima The Richard and Jean Katz High School for Girls	
Congregation Beth Shalom – Alefbet Preschool Pre-K Program	

Please indicate your preferences on the following two items:

ALEF HONOR ROLL

_____ I want my name listed in the annual ALEF Honor Roll in the Jewish Federation’s annual report (please indicate with a checkmark if you want your name listed).

This is how I want my name listed (please print): _____

NAME DISCLOSURE TO SCHOOL

The ALEF Fund **will** release your name to the school(s) to which you have designated your donation **UNLESS** you check “NO” below:

_____ **NO, please DO NOT give my name to the school(s) to which I designated my donation.**

By signing below, you authorize The ALEF Fund, Inc. to submit your TP1 form to the State of Georgia and receive the approved form back from the State of Georgia. Please sign and send this form to the ALEF Fund together with your check, or complete the section below for credit card payment.

Date

Signature

Credit Card Payment - - *Please note, any credit card fees incurred by the ALEF Fund will reduce the amount of funds (no more than 3%) available for scholarships. Cards accepted: American Express, MasterCard, Visa, and Discover.*

Card Number _____ Expiration: _____ Card Type: _____

Name as it appears on the Card _____

Make Checks payable to: THE ALEF Fund, Inc.

Mail or fax this form to: The ALEF Fund Inc., 1440 Spring St. NW, Atlanta, GA 30309, FAX: 404-874-7043