



Building Campaign Pledge Card

Make this Center Your Legacy by Selecting from Below.

Dedication Opportunities

- Campus \$1,000,000
- Building \$700,000
- Sanctuary \$500,000
- School Wing \$500,000
- Social Hall \$500,000
- Mikvah – Purifying Water Reserved
- Lobby/Welcome Center \$100,000
- Kitchen \$100,000
- Library/book \$100,000
- Teen Lounge \$100,000
- Playground \$75,000
- Landscaping \$75,000
- Classroom Dedication (4 available) \$50,000
- Rabbi’s Study \$50,000
- Administrative Office Center \$50,000
- Grand Donors Wall \$50,000
- Ducan Stage \$50,000
- Entry Doors \$36,000
- Individual Offices (3 available) \$25,000
- Computers \$20,000
- Coat Room \$18,000
- Stained Windows \$10,000
- Mission Statement Plaque \$10,000
- Lobby Furniture \$10,000
- Mezuzos (18 available) \$5,000

Sanctuary Dedications

- Aron Kodesh \$100,000
- Bimah Reserved
- Seats \$50,000
- Synagogue Mezuzah Reserved
- Mechitzah \$18,000
- Yahrtzeit Board Reserved
- Ner Tamid (Eternal Light) Reserved
- Prayerbook Cabinets (4 available) \$10,000
- Kiyor (Hand Washing Basin) \$10,000
- Amud (Cantors Stand) Reserved
- Rabbi’s Lectern \$10,000
- Tallis Rack \$10,000



General Dedications

- Illuminator \$100,000
- Lamplighter \$50,000
- Beacon \$25,000
- Torch \$18,000
- Candle \$10,000
- Flame \$5,000
- Light \$1,000

*“Once a Founder,
Always a Founder”*

PLEDGE INFORMATION

In support of Chabad's Building Campaign, I/we pledge \$ _____

Donor: _____ I wish my gift to remain anonymous.
As you would like to appear for recognition

**Gifts may be pledged over a period of one to three years.*

First name: _____ Last Name: _____ In honor/memory of: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

BILLING INFORMATION

Check to Chabad of Gwinnett Building Campaign Credit Card Stock

My gift in full, on date _____

My gift over a period of _____ years.*

Annually Monthly \$ _____ beginning on: _____

Billing address if different from donor address:

First name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Credit card number: _____ Expiration date: _____

Signature: _____ Date: _____ (Signature required to authorize pledge)

RETURN COMPLETED FORM TO:

Rabbi Yossi Lerman
Chabad of Gwinnett
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Peachtree Corners, GA 30092
rabbi@chabadofgwinnett.org