

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
- ☐ Duncan Stage \$50,000
- ☐ Entry Doors Reserved
- ☐ 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 (17 available) \$5,000

Sanctuary Dedications

- ☐ Aron Kodesh Reserved
- ☐ Bimah Reserved
- ☐ Seats \$50,000
- ☐ Synagogue Mezuzah Reserved
- ☐ Mechitzah Reserved
- ☐ Yahrtzeit Board Reserved
- ☐ Ner Tamid (Eternal Light) Reserved
- ☐ Prayerbook Cabinets (3 available) \$10,000
- ☐ Kiyor (Hand Washing Basin) Reserved
- ☐ Amud (Cantors Stand) Reserved
- ☐ Rabbi's Lectern Reserved
- ☐ 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
6130 Lackland Court
Peachtree Corners, GA 30092
rabbi@chabadofgwinnett.org