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PO Box 3640
Williamsburg, VA 23187
PACKAGE ADDRESS:
425 N. Boundary Street, #3640
Williamsburg, VA 23187

Donation Form

Please complete this form and mail it with your donation to:

Temple Beth El of Williamsburg

PO Box 3640

Williamsburg, VA 23187

Checks should be made payable to **Temple Beth El of Williamsburg.**

**To pay by Credit Card, go to our website at tbewilliamsburg.org/donate/
On the Donation Form Page, select Film Festival as the Reason for Donation.**

Please indicate the support category that you have chosen:

- Executive Producer \$ 1,000
- Producer \$ 500 & above
- Director \$ 250 & above
- Screenwriter \$ 100 & above
- Cast Member \$ 25 & above
- Audience Member

Any amount that you can contribute will be greatly appreciated!

Donors' names should be written as you would like them to appear in the program.
Please print clearly and limit names to 30 characters.

Donations received by Monday, October 24th, will be acknowledged in the program.

Name: _____

Address _____

City _____ State: _____ Zip _____

Telephone Number: _____

E-Mail Address: _____

Thank you for your contribution and support!