



*Yes, I would like to be a FRIEND of the Charles & Bessie Goldman Judaica Library*

*Enclosed is my contribution of \_\_\_\_\_\$5 \_\_\_\_\_ \$10 \_\_\_\_\_ \$18 \_\_\_\_\_other*

*NAME\_\_\_\_\_PHONE\_\_\_\_\_*

*ADDRESS\_\_\_\_\_*

*CITY, STATE, ZIP\_\_\_\_\_*

*Please make check payable to the **YM-YWHA of North Jersey** and send to:*

**YM-YWHA of North Jersey**  
**One Pike Drive, Wayne, NJ 07470**  
**ATTENTION: Library**