



THE ALPERT FAMILY  
**ALEPH BET**  
JEWISH DAY SCHOOL

# Gift Certificate

Contributed by:

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Name

Address

Phone

Name of  
Business: \_\_\_\_\_

Description of Contribution:

Restrictions:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Signature of The Alpert Family Aleph Bet JDS  
Representative: \_\_\_\_\_

Valid for one year from date signed unless otherwise agreed.