



Beth El Social Action & Tikkun Olam Collection Drive Registration Form

Name: _____ **Date:** _____

Group/Arm Representing: _____

Phone: _____ **Email:** _____

Project Description: _____

Organization benefiting: _____

Start date: _____ **End date:** _____

Date of Pick Up at Beth El: _____

Delivery Person (*this person will pick up the collected items at Beth El and bring to benefiting organization*): _____

Delivery Person Phone: _____ **Email:** _____

Please complete this form and return to Beth El Office Attn: Alicia Drozen
or email to adrozen@bethelsnj.org.