

EAST MIDWOOD JEWISH CENTER

2019/5780 HIGH HOLY DAY ORDER FORM

Please return in the enclosed envelope with a check to East Midwood Jewish Center, or credit card payment info We will mail tickets to you, unless you request otherwise.

Name(s) _____

Address: _____

Phone # _____ Email: _____

Item	Cost Per Item		Quantity	Total Amount
Kol Nidre Appeal Contribution	Fill in amount: \$ _____			\$ _____
New Year's Greetings: your name will be included on a card distributed to our congregation and in the Bulletin	\$18.00			\$ _____
Book of Remembrance: In Memory Of (fill in name, separate sheet) (10 or more names=\$180 flat rate)	\$18.00	x		\$ _____
Additional Contribution	Fill in amount: \$ _____			\$ _____
Ticket-Member of EMJC-Same Seat as Last Year	\$125.00	x		\$ _____
Ticket-Member of EMJC-Contact EMJC for Seat Assignment	\$125.00	x		\$ _____
Ticket-Non-Member of EMJC-Same Seat as Last Year	\$175.00	x		\$ _____
Ticket-Non-Member of EMJC-Contact EMJC for Seat Assignment	\$175.00	x		\$ _____
Headphone listening device	Free			
High school and college age youth visiting from out of town	Free Balcony Seat			
Children's Services: Ages 0-6 and Parents	Free			
Children's Services: Ages 7-12 and Parents	Free			
Children's Programming Support	Fill in amount: \$ _____			\$ _____
				TOTAL \$ _____

My check, payable to the *EAST MIDWOOD JEWISH CENTER*, is enclosed

Please charge my card: Visa MasterCard Discover AmEx CARD ON FILE WITH EMJC

Credit Card #: _____ - _____ - _____ - _____

Exp. Date: ____/____/____
(MM/YY)

Card Code: _____
Visa, MasterCard or Discover: 3 digits located on back of card or AmEx: 4 digits on front upper right