

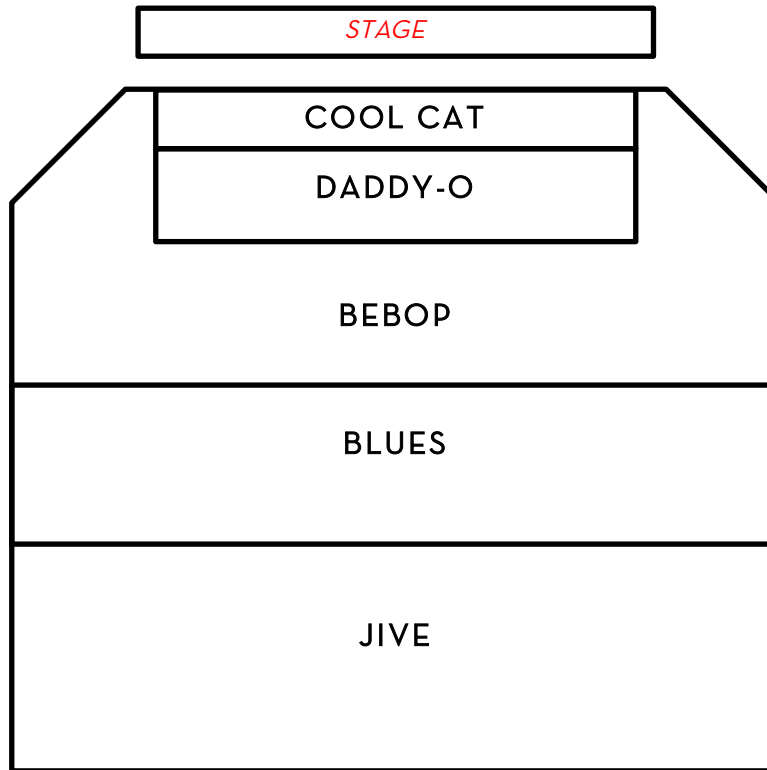


A Jazzy Evening of Laughter, Story and Song

Honoring Rabbi David Zaslow

All net proceeds from this event will go to the Havurah Shir Hadash Rabbinic Fund
(dedicated to ensuring at least a half-time position for Rabbi David)

SEATING CHART



PACKAGES

(Single tickets are also available in all seating sections)

COOL CAT \$2000

- ⌘ Two tickets in the Cool Cat section
- ⌘ Recognition in program
- ⌘ Full page two-color tribute in program
- ⌘ Opportunity to make a toast to Reb David
- ⌘ Iced bottle of champagne at your table

DADDY-O \$1000

- ⌘ Two tickets in the Daddy-O section
- ⌘ Recognition in program
- ⌘ Half page two-color tribute in program
- ⌘ Iced bottle of champagne at your table

BEBOP \$500

- ⌘ Two tickets in the Bebop section
- ⌘ Recognition in program
- ⌘ 1/3 page tribute in program

BLUES \$250

- ⌘ Two tickets in the Blues section
- ⌘ Recognition in program
- ⌘ 1/4 page tribute in program

JIVE \$150

- ⌘ Two tickets in the Jive section
- ⌘ Recognition in program
- ⌘ 1/8 page tribute in program



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Honoring Rabbi David Zaslav

SEATING IS LIMITED - ORDER YOUR TICKETS NOW

PACKAGES

- COOL CAT (\$2000)*
- DADDY-O (\$1000)*
- BEBOP (\$500)
- BLUES (\$250)
- JIVE (\$150)

SINGLE TICKETS

- COOL CAT section (\$1000)*
- DADDY-O section (\$500)*
- BEBOP section (\$250)
- BLUES section (\$125)
- JIVE section (\$75)

*Although I've chosen a Cool Cat or Daddy-O package or ticket, I prefer to sit somewhere else.

OY, I CAN'T COME! ...but I love Rabbi David.

I'd like to make a tax deductible donation to the Rabbinic Fund \$_____ (all net proceeds are dedicated to ensuring at least a half-time position for Rabbi David)

Please call or email me (my contact info is below) about placing a tribute in the program

CONTACT AND PAYMENT (PLEASE PRINT)

Total Enclosed \$_____

Your name _____

Names of guests _____

Street address _____

City, State, Zip _____

Phone/Email _____

My check for \$_____ is enclosed.
(Payable to Havurah Shir Hadash, please write "Roast" on memo line)

Charge \$_____ to my credit card (Visa or M/C)

Card # _____ Exp _____

Signature _____

PLEASE RETURN THIS REPLY FORM to: Havurah Shir Hadash, P.O. Box 1262, Ashland, Oregon 97520 OR contact Bari at 541-488-7716/ashlandhavurah.org