

# Havurah Synagogue

## High Holy Days Donation/Pledge: 5778/2017

WELCOME! We're delighted that you've chosen to join us for High Holy Days. The Havurah is a safe, spiritual home and loving community that is dedicated to being a place of welcome, wholeness and inclusiveness, providing a sense of belonging and communal support where no one feels alone. We are here, year round, to offer services, classes, cultural events, and a preschool and Shabbat School for children. We are here in times of joy, and in times of sadness, to support not only our own members, but everyone who comes to us in need of support. Thank you for being generous.

Our non-Member friends are most welcome to join us for High Holy Days and always. Fee for non- members: sliding scale, \$36-\$50 per service for Rosh Hashanah and Yom Kippur (four services in all as below) or \$125 - \$200 for all four services.

***No one will be turned away for inability to pay in full.***

***Registered students are free of charge.***

No registrations needed for Second Day Rosh Hashanah, Sukkot or Simchat Torah.

I understand that by entering this sacred space I am pledging to send in \$36-\$50 per service that I attend.

Please check the services you wish to attend/have attended:

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Please check your choices:**

September 20 , Wed. 7 PM Erev Rosh HaShanah Service

September 21, Mon. 10 AM Rosh HaShanah Day 1

September 29, Fri. 7 PM Evening Yom Kippur & Kol Nidray

September 30, Wed. 10 AM Yom Kippur services throughout the day

Please contact me with Membership Information and I understand that fees paid towards High Holy Day tickets may be applied to membership.

I pledge to make a payment in the amount of: \_\_\_\_\_

I would like to make an additional donation in the amount of: \_\_\_\_\_

**Debit/Credit Card Information**

Please provide your credit/debit card information below.

MasterCard  Visa  Discover  American Express

Card #: \_\_\_\_\_ Expires: \_\_\_/\_\_\_ Security code \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Billing address (if different than above): \_\_\_\_\_

\_\_\_\_\_

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