

36th Year Celebration of the Havurah

Name : _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number(s):Home: _____ Mobile: _____

Email: _____

Check enclosed for: _____

Charge my credit/debit card: (in multiples of Chai/Life = 18)

\$360

\$180

\$ 72

\$ 36

\$18

Other \$ _____

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: _____

Please remit to : Havurah Shir Hadash, P.O. Box 1262, Ashland, OR 97529

Or call our office and donate via credit card 541-488-7716 OR via Paypal on our website:

<https://havurahshirhadash.org/donate-now/>

Your Dedication:(optional)
