



HHD 5780/2019 Order Form for CBS Members

NAME: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

HHD TICKET ADMISSION

Quantity

_____	No Charge for Member Family Admission	\$ <u>0.00</u>
_____	No charge for Active Military/Full Time College Students Admission	\$ <u>0.00</u>
_____	\$85.00 Member Guest Admission	\$_____
_____	\$250.00 Non-Member Admission	\$_____
_____	\$150.00 Non-Member Senior Admission	\$_____

HHD Admission Total: \$_____

Yizkor Book Dedications

Names Due No Later Than: AUGUST 30th, 2019

\$18.00 First Name, \$5.00 Each Additional Name

Yizkor Book Total: \$_____

Yizkor Memorial Wall Plaque:

Member Memorial Wall Plaque - **\$500.00 each:** \$_____

Non-Member Memorial Wall Plaque - **\$750.00 each:** \$_____

Yizkor Memorial Wall Plaque Total: \$_____

I would like to order a Yizkor Memorial Wall Plaque for:

English Name of deceased _____ Relationship _____

Hebrew name (if known) _____ Date of death _____
(Please specify Hebrew or Secular Date to be remembered on)

Prayer Book Plate Dedication:

(\$72.00 Per Dedication)

Dedication: () in Honor of _____

() in Memory of _____

Submitted By: _____

Prayer Book Dedication Total: \$_____

Bimah Flower/Oneg –Support the beautification of the Synagogue and our Community Break Fast

Bimah Flower/Oneg Donation: \$_____

ORDER FORM TOTAL: \$_____

Check (enclosed)

Credit Card

Visa_____ Master Card_____ American Express_____ Discover_____

Credit Card Number: _____

3 or 4 Digit Security Code: _____

Expiration Date: _____ **Total Amount enclosed/charge \$** _____

Please mail, email, or fax completed form to:

1455 Elm Street, Napa, CA 94559

Phone: (707)253-7305 ~ Fax: (707)253-1109 ~ email: office@cbsnapa.org