

HIGH HOLY DAYS 5780



Ticket Forms Packet



Congregation Har Shalom

11510 Falls Road • Potomac • MD 20854

Phone: 301.299.7087

Fax: 301.299.2247

Questions: sengel@harshalom.org

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5780 High Holy Days Ticket Forms Packet



May you be
inscribed
in the Book
of Life.



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HAR SHALOM

11510 Falls Road

Potomac, MD 20854

301-299-7087

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www.HarShalom.org

office@harshalom.org



Dear Friends,

On behalf of the entire synagogue staff, and personally from Todd and me, I want to wish each of you and your families a very happy and healthy 5780.

As is our custom, we have pre-filled your personal information on each page. Please correct any information that might be inaccurate directly on the form.

Areas highlighted in yellow are essential information for you and to aide us in completing your High Holy Days Ticket Registration accurately.

If we are missing any details, such as an email address or phone number, this means we do not have it on file, so please fill it in. We ask that you do not rip out the pages; just fold the packet of forms in half and return it in the envelope provided. Please make sure to add \$**1.40** postage or drop it off at the synagogue office by **Tuesday, September 3, 2019.** **Service locations are assigned in the order that they are received.** In order for the request to be processed the ticket request must be accompanied with the appropriate payment. Please send in your requests early.

Very important: If you are expecting guests for the High Holy Days that have reciprocity from their local synagogues, please remember to put them on your ticket order form. Ticket request that come in separately from the original ticket order cannot be guaranteed the same service.

I hope to see all of you at services over the *Yamim Noraim* (Days of Awe).

My family (Todd, Jayme & Justin, Piper, Randi & Ricky, Landon, Ilan and myself), would like to wish everyone a Happy, Healthy and Sweet New Year.

L'shanah tovah tikatevu v'techatemu (May you be inscribed and sealed for a good New Year)!

Shelley Engel, FSA
Executive Director

Congregation Har Shalom 5780/2019 High Holy Days Ticket Request Form

Service locations are assigned on a first-come/first-served basis; you are encouraged to send in your requests ASAP!

All Members MUST complete and return this form in order to receive High Holy Days Tickets

DUE SEPTEMBER 3, 2019

Name		
Address		
E-mail 1	E-mail 2	
Home Phone	Cell 1	Cell 2

_____ I/We will be attending HHD Services at Har Shalom and my service preference (although not guaranteed) is:

_____ Burke Sanctuary _____ Paul Family Social Hall

✓ I/We will be attending: ☐ RH1 ☐ RH2 ☐ KN ☐ YK

_____ I/We will be attending HHD Services elsewhere. If you need a letter of reciprocity to be sent to another synagogue, please provide us with the synagogue's name, address and with whom you will be visiting:

	Number	Cost	Sub-total	Names (and ages, if children; if relatives, relationship to member)
MEMBERS (includes dependent children through age 22 as of July 1, 2019)	_____	\$0	\$ 0.00	
INDEPENDENT ADULT CHILDREN (ages 23-30)	_____	\$100	\$	
NON MEMBER TICKETS (Residing Outside the DC Area)	_____	\$180	\$	
NON MEMBER TICKETS (Residing Within the DC Area)	_____	\$254	\$	
NON MEMBER YOUTH (2 - 22)	_____	\$75	\$	
RESERVED PARKING SPACE	_____	\$500	\$	

Please make sure to include family visiting from out of town, even if they are members of another synagogue.

Total Ticket Cost \$ _____

Youth Registration Form

Family Name _____

Child 1 Name _____ Age _____ Grade _____

Child 2 Name _____ Age _____ Grade _____

Child 3 Name _____ Age _____ Grade _____

Child 4 Name _____ Age _____ Grade _____

Child 5 Name _____ Age _____ Grade _____

We offer holiday services specifically tailored to children's developmental needs, as well as educational activities related to the holidays. These services will be held on both days of *Rosh Hashanah* and on *Yom Kippur* (descriptions of all services also appear in the High Holiday Reference Guide):

- **Gan Yom Tov:** for families who have a **Preschool age child(ren) – Kindergarten**
- **Mishpacha "Family" Minyan:** for families who have a **child(ren) in Kindergarten – Fifth Grade**
- **Shofar So Good:** for students in **Sixth – Eighth Grade**
- **High Holy Day Youth Programming:** for students in **Kindergarten – Seventh Grade**
- **TEEN Talks:** for students in **Eighth – Twelfth Grade**
- **Supervised Play:** for children in **Kindergarten – Seventh Grade**

Please use the schedule below to indicate which services you will attend:

- ☐ I/We will attend **in addition to** the Traditional Service
- ☐ I/We will attend **instead of** the Traditional Service

	<i>1st Day Rosh Hashanah (RH1) Mon, 9/30/19</i>	<i>2nd Day Rosh Hashanah (RH2) Tues, 10/1/19</i>	<i>Kol Nidre (KN) Tues, 10/8/19</i>	<i>Yom Kippur (YK) Wed, 10/9/19</i>
Gan Yom Tov <i>Preschool - K</i>	9:00 AM <input type="checkbox"/>	9:00 AM <input type="checkbox"/>	--	9:00 AM <input type="checkbox"/>
Mishpacha "Family" Minyan <i>Families w/ children in K – 5th</i>	10:00 AM <input type="checkbox"/>	--	--	10:00 AM <input type="checkbox"/>
Shofar So Good <i>6th – 8th</i>	10:00 AM <input type="checkbox"/>	10:00 AM <input type="checkbox"/>	--	10:00 AM <input type="checkbox"/>
HHD Youth Programming <i>K – 7th</i>	11:00 AM <input type="checkbox"/>	11:00 AM <input type="checkbox"/>	--	11:00 AM <input type="checkbox"/>
TEEN Talks <i>8th – 12th</i>	11:00 AM <input type="checkbox"/>	11:00 AM <input type="checkbox"/>	--	11:00 AM <input type="checkbox"/>
Supervised Play <i>K – 7th</i>	--	--	6:30 PM <input type="checkbox"/>	--

5780/2019 High Holy Days Babysitting Registration Information
Ages 18 months - Pre-K

There is a \$36.00 charge per member child, per day

Babysitting will be available in the Sherman Early Childhood Center wing of the building for children ages 18 months to Pre-K.

All children must be registered in advance!

Limited Space Available

Please Note Babysitting Times:

First Day Rosh Hashanah (RH1), Monday, September 30: 9:30 a.m. – 1:30 p.m.

Second Day Rosh Hashanah (RH2), Tuesday, October 1: 9:30 a.m. – 1:30 p.m.

Kol Nidre (KN), Tuesday, October 8: 5:45 p.m. – 8:45 p.m.

Yom Kippur (YK), Wednesday, October 9: 9:30 a.m. – 1:30 p.m.

Registration for Babysitting will only be accepted online at
www.harshalom.org/hhdbabysitting

Questions: please contact Beth Hoch, Director of Early Childhood Education
at bhoch@harshalom.org.

USHER RESPONSE CARD

If your last name falls between "L" through "Z" we ask that adult family member(s) serve as an usher – more than one is welcomed. Usher positions are assigned as ticket requests are received – first-come/first-served. Please indicate your preference by numbering the services from 1-5.

RH1: Rosh Hashanah - Day 1

RH2: Rosh Hashanah - Day 2

KN: Kol Nidre

YK: Yom Kippur

NE: Ne'ilah

Name _____

Phone _____

E-mail _____

__RH1 __RH2 __KN __YK __NE

Name _____

Phone _____

E-mail _____

__RH1 __RH2 __KN __YK __NE

HONORS REQUEST

Name _____

Phone _____

E-mail _____

To assist in the distribution of honors, please indicate which services of the High Holy Days you plan to attend:

☐RH1 ☐RH2 ☐KN ☐YK ☐NE

☐Hebrew ☐English

Name _____

Phone _____

E-mail _____

To assist in the distribution of honors, please indicate which services of the High Holy Days you plan to attend:

☐RH1 ☐RH2 ☐KN ☐YK ☐NE

☐Hebrew ☐English

LULAV & ETROG ORDER

Name _____

Phone _____

E-mail _____

☐ Standard (\$55) Quantity _____

☐ Deluxe (\$65) Quantity _____

☐ Premium (\$80) Quantity _____

TOTAL: \$ _____

The synagogue office will notify you when your order is ready for pick-up.

SPECIAL NEEDS REQUEST

Please mark all accommodations that will be needed.

Name: _____

☐ Wheelchair accommodations ☐ Walker accommodations

☐ Sound enhancer ☐ Signed service

☐ Handicap parking: Are you the ☐ driver or ☐ passenger? (check even if you have a handicap placard or license plate)

Name: _____

☐ Wheelchair accommodations ☐ Walker accommodations

☐ Sound enhancer ☐ Signed service

☐ Handicap parking: Are you the ☐ driver or ☐ passenger? (check even if you have a handicap placard or license plate)

Office use: Burke Sanctuary/ Paul Family Social Hall

HIGH HOLY DAYS FAMILY GREETINGS

Family Greetings will be published in the High Holy Days Program Book, which is distributed at Rosh Hashanah and Yom Kippur Services. To be included, entries must be received by September 3, 2019

I would like to place the following greeting:

☐ Family Greeting – line \$36 ☐ Family Greeting – box \$54

(Please see the Reference Guide for formats)

Please write your name(s) as you wish to be listed. (See the Reference Guide for suggestions.)

THE YIZKOR BOOK, 5780 (2019-2020)

The Yizkor Book (Book of Remembrance) is available at the Yom Kippur Yizkor Service as well as Yizkor Services throughout the year. To be included in this year's book, entries must be received by September 3, 2019. Cost: \$72.00

Please complete your entry as you would like it to appear in this year's book or confirm/modify the information from last year's entry. Here are examples of some of the styles used:

Member	In Memory Of
Fred & Sue Klein	Charles & Sylvia Klein
The Klein Family	Sylvia & Charles Klein
The Fred Klein Family	Their Parents
Fred & Sue Klein	Charles & Sylvia Klein Fred & Janet Cohen
Mr. & Mrs. Klein	Charles Klein Sylvia Klein Fred Cohen Janet Cohen

- ☐ Yes, please keep my/our entry in the book the same as last year. To view last year's Book of Remembrance online, go to harshalom.org/bor
- ☐ Yes, please include my/our entry with the corrections listed below.
- ☐ Yes, I/We wish to have a new entry in the book this year. See new entry below.
- ☐ No, I/We do not wish to have an entry in the book this year.

NEW/CORRECTED ENTRY:

Member

In Memory of



2019-2020 Har Shalom Youth Group Application

11510 Falls Road, Potomac, MD 20854

(301) 299-7087

Bonim (grades K-2) - \$36 Machar (grades 3-5) - \$36

Kadima (grades 6-8) - \$54 USY (grades 9-12) - \$72

Family Information

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Parent 1:

Name: _____

Cell: _____

E-mail: _____

Parent 2:

Name: _____

Cell: _____

E-mail: _____

Child 1:

☐ Bonim ☐ Machar ☐ Kadima ☐ USY

Name: _____

Birthdate: _____

School: _____

Grade: _____

Graduation Year: _____

E-mail: _____

Cell phone: _____

Child 2:

☐ Bonim ☐ Machar ☐ Kadima ☐ USY

Name: _____

Birthdate: _____

School: _____

Grade: _____

Graduation Year: _____

E-mail: _____

Cell phone: _____

Child 3:

☐ Bonim ☐ Machar ☐ Kadima ☐ USY

Name: _____

Birthdate: _____

School: _____

Grade: _____

Graduation Year: _____

E-mail: _____

Cell phone: _____

Child 4:

☐ Bonim ☐ Machar ☐ Kadima ☐ USY

Name: _____

Birthdate: _____

School: _____

Grade: _____

Graduation Year: _____

E-mail: _____

Cell phone: _____



2019-2020 Har Shalom Youth Group Application Continued

11510 Falls Road, Potomac, MD 20854

(301) 299-7087

Bonim (grades K-2) - \$36 Machar (grades 3-5) - \$36
Kadima (grades 6-8) - \$54 USY (grades 9-12) - \$72

Medical & Emergency Contact Information

Does your child have any allergies or medical conditions that require special medication or attention?

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

If parents are unable to be reached in an emergency, please contact the following:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Photo/Digital Recording Authorization

☐ Yes ☐ No I give permission to Har Shalom to use photographs and/or digital recordings of my child enjoying and participating in youth group activities. These can be used in programs, displays and all media, including Har Shalom's web pages, for the purpose of promoting the program. (No names will be used unless individual permission is granted.)

Permission/Release Slip

I give my child permission to attend and participate in the Har Shalom Youth Department activities. I hereby authorize the supervisory person present to grant approval for medical treatment in an emergency. Congregation Har Shalom shall not be liable or responsible for any injury or loss suffered by or to any participant in this activity while the participant is attending or engaged in this activity or in transit to or from the activity, whether such injury or loss is caused by the negligence of any agent, employee or any other person acting on behalf of the Congregation Har Shalom.

Kashrut Agreement

I agree that while participating in Har Shalom USY activities outside of the synagogue, I will follow the dietary rules of Kashrut as observed by Har Shalom USY, including only purchasing and eating non-meat meals and snacks when with my youth group.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____



Mahzor Lev Shalem Order Form

Har Shalom uses *Mahzor Lev Shalem*, published by the Rabbinical Assembly. **Congregants should bring their own mahzor**; the synagogue has a limited number of guest copies. If you have not already purchased a *mahzor*, or you wish to purchase additional copies of *Mahzor Lev Shalem*, please use this order form.

Name: _____

Address: _____

Phone: _____ Email: _____

<i>Mahzor Lev Shalem</i>	Price	Quantity	Total Price
Regular Edition	\$54.00		
Large Print Hardcover Edition	\$84.00		
		Total Price:	



For Office Use Only:

Family ID: _____ Date Received: _____ Total Amount: _____ Date Paid in Full: _____

Win a Prime Parking Space for the 5780 High Holy Days



Buy your raffle tickets to
win one of two Reserved Parking Spaces
at Congregation Har Shalom for the High Holy Days

(Please check one box)

☐ 1 Ticket = \$36 ☐ 2 Tickets = \$54 ☐ 3 Tickets = \$70

Name _____ Phone _____

✂-----

Name _____ Phone _____

✂-----

Name _____ Phone _____

Two spaces will be awarded. Winners will be notified by Sept. 23, 2019

Wish family, friends and business associates a Sweet & Happy New Year!

Send the sweetest of all Rosh Hashanah greetings!

FREE shipping through July 31st*



Just in time for Rosh Hashanah, we will ship an 8 oz jar of Kosher clover honey with a personalized card reading:

"Shana Tova - Wishing you a Healthy and Happy New Year." - signed with your name.

Cost is **\$12.00 per jar**

Order by July 31st for free shipping within the U.S.
Additional fees apply for international orders.*

Ordering is quick and easy!

Go to www.honeyfromtheheart.org/CHS

* Shipping

- After July 31st add \$5 per jar for shipping within the U.S.
- Regardless of order date add:
 - \$18 for Canada and \$28 for other countries
 - \$5.00 for APO/FPO military addresses

Order through September 4th for delivery by Rosh Hashanah. Orders accepted throughout the High Holidays.

For more information or to request an order form, contact:

Laurie Ehrlich, Sherman ECC PA Chairperson
laurie1216@gmail.com





Men's Club Home Sukkah Kit



Be the first on your block to perform the mitzvah of building and dwelling in a Sukkah. Your family will enjoy it and you'll be a hero. Men's Club is pleased to offer, for the eighth year, an affordable, easy to assemble home Sukkah kit. Order kits for yourself or as a gift for others. Orders must be received by Wed., September 18 for pick-up at Har Shalom at noon, Sunday, October 6.

- Kit comes with all necessary materials, including PVC tube frame, friction fit joints, wall material, supports for s'chach and instructions
- Add s'chach or roofing material using locally gathered greens or cornstalks. Cornstalks are available locally. Bamboo mats are available online
- Large 8 ft X 10 ft layout with wide door opening provides plenty of room
- Assemble in about 45 minutes. Men's Club can assist if desired
- Easy to take down and store for reuse year after year
- Decorate with the family by hanging fruit, pictures, drawings, etc.
- Low cost of \$249 compares well with \$300 and above for online Sukkahs

To order: Complete form below with a check for \$249 each made out to *Har Shalom Men's Club*. Mail to Har Shalom, 11510 Falls Road, Potomac Maryland, 20854, Attention: Men's Club Sukkah Project. Order by Wednesday, September 18, 2019.

Pick up: Rear of synagogue between noon and 2:00 p.m., Sunday, October 6, 2019. Longest PVC tube of 8 feet will fit in most cars through a window; plan accordingly.

Order Form (*Due at Har Shalom by September 18, 2019*)

Name _____ Telephone _____

Email _____ Cell Phone _____

I wish to order _____ Men's Club Home Sukkah Kits at \$249 each. A check is enclosed for \$_____. I would like Men's Club assistance in assembling the Sukkah(s)_____. Pick up between noon and 2:00 p.m, Sunday, October 6, 2019 in the rear of synagogue.





June 2019/Sivan 5779

Enclosed please find your first statement from Har Shalom for the new fiscal year (July 1, 2019 - June 30, 2020). The Budget Committee has recommended no dues increase for the new fiscal year.

Please note that your statement contains Membership Dues, Sherman ECC and Religious School obligations (if applicable), and outstanding balances carried forward from last fiscal year (if any). Other items which may appear on your bill include:

- ❖ **Security Fee:** A security fee is included on all Member Statements. This fee is used to fund security staff, security maintenance, and security improvements.
- ❖ **Building Maintenance Fee:** This fee is charged to all members and is used to pay for building repairs and maintenance costs.
- ❖ **Building Fund:** The total Building Fund assessment for new members is \$3,200 per membership unit, payable at \$400 per year for eight years, beginning at age 36. There is no Building Fund assessment for members 67 or over. This assessment can be deferred up to two years for military personnel.
- ❖ **The 21st Century Building Fund:** For congregants who have completed their Building Fund obligations, the 21st Century Building Fund (\$135 per year for five years) is included on your statement.

Dues Adjustments: It is the policy of Congregation Har Shalom that financial circumstances not be a barrier to Synagogue Membership. If a dues adjustment is necessary, please contact Shelley Engel, Executive Director, at 301-299-7087 or by e-mail at sengel@harshalom.org. If a request has been submitted, your statement has been adjusted based on the recommendation of the Financial Review Board.

Payments: Please note that all payments received are posted to dues first, schools second, and other items third, unless you provide an itemization of how you would like the payments to be applied.

E-checks and Credit/Debit Card Payments: For your convenience, the Synagogue will process your payment on your Visa or MasterCard credit/debit card or directly from your bank account (e-checks). You may also set up monthly recurring payments. To authorize these payments, please submit the enclosed Automatic Payment Authorization Form. Please note that, for credit/debit card payments, a 2.5% convenience fee will be charged, with a minimum fee of \$1.00 per transaction. There is no fee associated with e-checks.

Sisterhood/Men's Club Dues: Sisterhood and Men's Club dues are included on the enclosed statement. Sisterhood dues have remained the same at \$50.00 a year, and Men's Club have increased to \$50.00; neither of these groups has a senior dues structure. If this amount presents a hardship, please call them directly. ***If you elect not to join Sisterhood and/or Men's Club, please cross out that amount on your statement and it will be removed.***

If you need help in understanding your statement, please call Har Shalom at (301) 299-7087 and ask for Irina. There is no need to call the office if you are deleting any optional fees.



High Holy Days Ticket Dues Requirement

High Holy Days Ticket Requests are processed on a first-come, first-served basis.

Ticket Requests will only be processed if:

1. Your Synagogue account is current through June 2019 and at least 20% of your fiscal year 2019 - 2020 (July & August) membership dues are received.

	<u>Annual Dues</u>	<u>20% of Dues</u>
Family Membership*		
Under 35	\$360	\$72
35 and older	\$3,550	\$710
Individual Membership		
Under 35	\$180	\$36
35 and older	\$2,020	\$404
Student Membership	\$100	\$20

**Note: Dues category is determined by the age of the older member as of July 1st.*

and

2. The High Holy Days Ticket Request form has been completed and submitted to the Synagogue Office with payment including all High Holy Days related fees.

CONGREGATION HAR SHALOM
2019/20 AUTOMATIC PAYMENT AUTHORIZATION FORM

Name _____ Telephone # _____

Street _____

City _____ State _____ Zip Code _____

I authorize:

☐ An immediate one-time payment of \$ _____

(pay in full by September 3rd and the convenience fee of 2.5% is waived)

☐ A one-time payment of \$ _____ on the following date ____ / ____ / ____

☐ Monthly dues (and/or tuition) payments per synagogue policy

ELECTRONIC DEBITS (E-CHECKS)

(NO FEE ASSOCIATED)

IF YOU ARE AUTHORIZING PAYMENT FROM A **CHECKING ACCOUNT**, PLEASE ATTACH A **VOIDED CHECK**

Bank Account type ☐ Checking ☐ Business Checking

Bank Name _____

ABA Routing Number _____

This is a nine-digit number that identifies the financial institution associated with your bank account and is printed on the bottom left corner of your checks.

Bank Account Number _____

Authorization: I hereby give permission to Congregation Har Shalom to use the bank account information provided as indicated above.

Authorized Signature Date

CREDIT CARD (AND DEBIT CARD) PAYMENTS

NOTE: A 2.5% convenience FEE WILL BE CHARGED FOR ALL CREDIT CARD TRANSACTIONS.

MINIMUM FEE IS \$1.00 PER TRANSACTION.

☐ VISA ☐ MasterCard Name on Card _____

Card Number # _____ Expiration ____ / ____ CID _____

Authorization: I hereby give permission to Congregation Har Shalom to charge this card as indicated above.

Authorized Signature Date

PLEASE REMEMBER TO RETURN YOUR PAYMENT WITH THIS PACKET

High Holy Days 5780/2019 Payment Form

Family Last Name _____

Please make sure that you have completely filled out this form and return it with your paperwork **by September 3, 2019.**
Service locations are assigned in the order that they are received.

Religious Services (Please check all that apply):

_____ Tickets (page 2) \$ _____

(1) Subtotal: \$ _____

Additional Items (Please check all that apply)

_____ *Lulav and Etrog* (page 5) \$ _____

_____ High Holy Days Greeting (page 6) \$ _____

_____ Yizkor Book (page 6) \$ _____

_____ Youth Group Registration (page 7) \$ _____

_____ *Mahzor Lev Shalem* (page 9) \$ _____

_____ Parking Space Raffle (page 10) \$ _____

_____ July & August Dues Payment (page 15) \$ _____

_____ I Signed up Online for HHD Babysitting \$ Paid Online

(2) Subtotal: \$ _____

High Holy Day 5780 Appeal

Bill my Account \$ _____

(3) Enclosed \$ _____

Total due to Congregation Har Shalom (Lines 1+2+3)

Total: \$ _____

Separate Check (Payable to "Har Shalom Men's Club")

_____ Sukkah Kit \$ _____

