

RECIPROCAL & GUEST CARDS OF ADMISSION REQUEST FORM

Requesting Member's Name _____

Requesting Member's Address _____

Requesting Member's Phone _____ Email _____

GUEST CARDS OF ADMISSION

A member in good standing may request Guest Cards of Admission for family members (children ages 26 and older, siblings, parents, grandparents, and other family) for a suggested donation of \$180 each. College students with a school ID do not need a Card of Admission.

Questions? Contact Nancy Conaway at (412) 421-9715 ext. 115 or Nancy@TempleSinaiPGH.org. Please complete this form and return it to "Temple Sinai, Attn: Nancy Conaway" by Friday, August 27.

I will have family members/guests worshipping with me. Please send me #_____ guest cards.

Guest Name _____

Relationship _____ Age _____

Address _____

City/State/Zip _____

Guest Name _____

Relationship _____ Age _____

Address _____

City/State/Zip _____

Guest Name _____

Relationship _____ Age _____

Address _____

City/State/Zip _____

Guest Name _____

Relationship _____ Age _____

Address _____

City/State/Zip _____

Donation Options:

☐ Enclosed via check made payable to Temple Sinai

☐ Credit Card (see below)

Credit Card Information: ☐ YES, I want to donate my credit card's processing fee to Temple Sinai.

Name on card: _____

Card #: _____ Exp: _____ CVV: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

RECIPROCAL CARDS OF ADMISSION

I/we will be out of the city for ☐ Rosh HaShanah ☐ Yom Kippur — and would like to attend services at another synagogue.

Please send a Reciprocity Form to:

Congregation Name _____

Telephone _____ Fax _____

Address _____

City/State/Zip _____

I will be a guest of _____

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