



TIFERET AWARD BANQUET

Sunday, March 22, 2015, 5 pm

Sinai Temple, 10400 Wilshire Blvd., Los Angeles, CA 90024



Pat & Errol Fine
Tiferet Award Honorees

Alice Schoenfeld
Keter Shem Tov Honoree

Ariela & Ari Shandling
Dor Chadash Honorees

Banquet Co-Chairs: **Ilana & Dr. Shlomo Melmed** and **Shelley & Dr. Steven Weinstock**

Banquet Ad & Dinner Reservation Form

Dinner \$275 per person. Ad of \$700 or more includes 2 dinner tickets; \$400 ad includes 1 ticket.

- | | |
|---|--|
| <input type="checkbox"/> Platinum - Full Size\$25,000 | <input type="checkbox"/> Patron - Full Size\$2,000 |
| <input type="checkbox"/> Chai - Full Size\$18,000 | <input type="checkbox"/> Builder - Full Size\$1,500 |
| <input type="checkbox"/> Leader - Full Size\$12,000 | <input type="checkbox"/> Half Size\$700 |
| <input type="checkbox"/> Benefactor - Full Size\$6,000 | <input type="checkbox"/> Quarter Size\$400 |
| <input type="checkbox"/> Trustee - Full Size\$3,000 | |

PLEASE COMPLETE ALL 7 ITEMS:

- Name _____
- E-mail address _____
- Check one:
 Ad and Dinner Ad Only Dinner Only

- If you wish to place an ad,
 (a) place a **check mark** next to one of the nine ad categories **in the box above**, and
 (b) print your **text** in the box to the right.

You may use the reverse side if necessary. If you do not submit ad text by the deadline below, only your name will appear in the ad.

Ad Sizes & Shapes:

Full Size: horizontal rectangle, 2:1 Half Size: square Quarter Size: horizontal rectangle, 2:1

Ads will be projected at the dinner during the evening, will be available for viewing on our website, and names of everyone who has placed an ad will be listed, by order of level, in a leaflet at each table.

- Enter number of people attending dinner: _____.
Dinner \$275 per person; ad of \$700 or more includes 2 dinner tickets, \$400 ad includes 1 ticket.
- If possible, seat me/us with _____
- Complete your method of payment:
 Enclosed is a check payable to "Beth Jacob Congregation" for \$_____

 Bill my Beth Jacob account for \$_____

 Charge VISA/MC \$_____ CC# _____ Exp. _____ Billing ZIP _____

DEADLINE TO SUBMIT THIS FORM: **FRIDAY, MARCH 6**

Fax to (310) 278-9186 or mail to Beth Jacob, 9030 W. Olympic Blvd., Beverly Hills, CA 90211