



The Queens Jewish Center

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*Requests the honor of your presence
at our*

75th ANNIVERSARY DINNER

SUNDAY, JUNE 24, 2018

5:00 PM

To be held at

*The Young Israel of Hillcrest
169-07 Jewel Avenue, Hillcrest, NY 11365*

Guests of Honor

Gedalyah & Rifky Shatz

Community Service Awardees

A select group of our active "Minyan-aires"

Jack Ecker

Leonard Greenberg

Zvi Erenyi

David Herz

Lester Farber

David Leibowitz

Dr. Manuel Sack

Please see reverse side for **RESPONSE FORM**

QJC 75th Anniversary Dinner ~ RESERVATION FORM ~ DEADLINE: JUNE 7, 2018

MAIL : Queens Jewish Center, 66-05 108th St., Forest Hills, NY 11375

FAX form: 718-408-3232 ~ E-MAIL : Office @MyQJC.org ~ CALL: 718-459-8432

or ONLINE: www.MyQJC.org/events/QJC-dinner-2018

Reserve your listing in the

Scroll of Honor

to be published in conjunction with the

75th ANNIVERSARY DINNER

for the benefit of our
Queens Jewish Center

SUNDAY, JUNE 24, 2018

5:00 PM

at The Young Israel of Hillcrest

169-07 Jewel Ave., Hillcrest, NY 11365

Scroll of Honor

I am pleased to participate in the
category of: (Please check)

- DIAMOND \$5,000
- EMERALD \$3,600
- SAPPHIRE \$2,500
- RUBY \$1,800
- GOLD \$1,000
- SILVER \$750
- BENEFACTOR \$500
- PATRON \$250
- SUPPORTER \$180
- FRIEND \$100

IMPORTANT - PLEASE INDICATE

Will attend

Number of people attending: _____

Will not attend

Those attending the Dinner may take a
charitable deduction less \$75 per person

**\$250 contribution includes one reservation.
\$500 contribution includes two reservations.**

PAYMENT MUST ACCOMPANY THE LISTING. DEADLINE: JUNE 7, 2018

Name(s) of contributor(s) to be listed in the Scroll of Honor:

DEDICATION (LIMITED TO ONE LINE): In honor of... *or* In memory of...

Solicited by QJC member: _____

NAME

ADDRESS

E-MAIL

TELEPHONE

Check enclosed in the amount of \$ _____

Payment includes: \$ _____ for the Scroll of Honor/ Dinner Reservation
\$ _____ for the Memorial Page (\$36)

Please charge my credit card \$ _____ Check here to cover the credit card processing fee of 2.1%

CARD #

EXPIRATION DATE

SECURITY CODE #

SIGNATURE

Please make your checks payable to: QUEENS JEWISH CENTER