



The Queens Jewish Center

Requests the honor of your presence

at our

76th ANNIVERSARY DINNER

SUNDAY, JUNE 23, 2019

5:00 PM

To be held at

Da Mikelle II

*102-39 Queens Boulevard, Forest Hills, NY 11375
(near 68th Avenue)*

Guests of Honor

Adam & Jill Rudich

Welcoming

Rabbi Judah Kerbel ~ as our Morah D'Asrah

Special Tribute

Rabbi Avi Hirt ~ our Interim Rabbi

Please see reverse side for **RESPONSE FORM**

QJC 76th Anniversary Dinner ~ RESERVATION FORM ~ DEADLINE: JUNE 6, 2019

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-2019

Reserve your listing in the

Scroll of Honor

to be published in conjunction with the

76th ANNIVERSARY DINNER

for the benefit of our
Queens Jewish Center

SUNDAY, JUNE 23, 2019

5:00 PM

at Da Mikelle II

102-39 Queens Blvd., Forest Hills, NY 11375

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 6, 2019

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