

2018/5779 HIGH HOLIDAY ORDER FORM

GUEST PASSES • ACCESSIBLE PARKING • YIZKOR BOOK

Please return this form, along with payment, to the synagogue office or submit it online at tiferethisrael.org by **Monday, August 20, 2017**.

Member Name: _____ Email: _____

Additional Yizkor Book Listing (all yahrzeit names are included at no cost)

Your Name (as you would like it to appear):

In Memory of:

____ Full page @ \$350

____ Half Page @ \$175

____ Additional Memorial @ \$18/line (2 names/line) - max. \$72

____ Holocaust Memorial @ \$6/line (2 names/line) - max. \$60

Total Cost: \$ _____

____ Enclosed is my check (payable to Tifereth Israel)

____ Bill my credit card (a 3% convenience fee will be added)

VISA/MC _____ Exp. ____/____ Security Code: _____

Guest & Non-member Passes

Name(s): _____ Email Address: _____

Home Address: _____ Phone: _____

Name(s): _____ Email Address: _____

Home Address: _____ Phone: _____

Name(s): _____ Email Address: _____

Home Address: _____ Phone: _____

Accessible Parking Request

Name: _____ Permit #: _____

License Plate #: _____