



Ahavat Torah is a small and spirited congregation that comes together for soulful prayers, thoughtful discussion and joyous singing.

Please join our warm and welcoming community as Rabbi Miriam Hamrell and Cantorial Soloists Gary Levine and Kimberly Haynes lead our High Holiday services for 2019/5780.

**Ahavat Torah's High Holiday services are held at
Kehillat Ma'arav Synagogue, 1715 21st St. in Santa Monica**

*Erev Rosh Hashanah: 7:30PM, Sunday, September 29th
Rosh Hashanah Day: 10:00AM, Monday, September 30th
(followed by our lunch and Tashliḥ service at the beach.)*

*Kol Nidre: 7:30PM, Tuesday, October 8th
Yom Kippur Day: 10:00AM, Wednesday, October 9th
(services/teachings all day; Yizkor service at 5:00PM;
we break the fast together with a pre-paid dinner
buffet)*

**For further information, please email us at
ahavattorah@gmail.com or call 310-625-3146.**

Please detach and mail this form with your check
or signed credit card authorization to:
Ahavat Torah, P.O. Box 18371, Encino, CA 91416

(Tickets will be held under the name listed below at "will call" at the synagogue)

Name: _____ Phone (day): (____) _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

"ALL SERVICES" TICKETS:

Members: # _____ @ \$295 = \$ _____
Non-members: # _____ @ \$335 = \$ _____

SINGLE TICKETS:

Erev Rosh Hashanah: # _____ @ \$85 = \$ _____
Rosh Hashanah Day: # _____ @ \$85 = \$ _____
Kol Nidre Night: # _____ @ \$95 = \$ _____
Yom Kippur Day: # _____ @ \$95 = \$ _____

ADD-ONS:

Tashliḥ Lunch (9/30) # _____ @ \$12 =
\$ _____
Break-the-Fast Buffet Dinner (10/9) # _____ @ \$39 =
\$ _____
Book of Remembrance Donation (from reverse side) \$ _____
Contribute to our "no one is turned away" fund
\$ _____

TOTAL: \$ _____

CREDIT CARD AUTHORIZATION:

Visa ___ Master Card ___ (check one)

Credit Card #: _____ Expiration: _____

Print name: _____ Security Code:

Billing Address: _____

City: _____ State: _____ Zip: _____

Yes, I agree to have Ahavat Torah add 3% to recover the credit card fees.

Cardholder's
Signature: _____

AHAVAT TORAH ANNUAL BOOK OF REMEMBRANCE

As is our tradition, Ahavat Torah will be creating a Book of Remembrance to be distributed at our Yizkor service (Wednesday, October 9th at 5:00PM). To include the names of your departed loved ones, simply fill out the form below (if your names are the same as last year, just write "SAME" on the form and fill in your contact information.) If you wish to honor your loved ones with a contribution in their memory, please enter the amount on the reverse side of this form.

NAME OF HONOREE	DATE OF PASSING	HEBREW DATE (if known)	MEMBER/ATTENDEE'S NAME AND RELATIONSHIP

Your Name _____

Address _____

City, Zip _____

Phone _____ E-Mail _____

Please indicate the amount of your Book of Remembrance contribution on the reverse side.

**PLEASE FILL IN FORM, DETACH AND SEND WITH YOUR DONATION TO:
Ahavat Torah, P.O. Box 18371, Encino, CA 91416**