Please detach and mail this form with your check or signed credit card authorization to:
Ahavat Torah c/o Jaffe, 2626 34th St., Santa Monica, CA 90405

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone (day): _____

TICKETS:
(includes admission to all services in-person and on live stream)

Members: #_____ @ $250 = $ _____

Non-members: #_____ @ $300 = $ _____

ADD-ONS:

Tashlich Lunch (9/23): #_____ @ $18 = $ _____

Break-the-Fast Buffet (10/2): #_____ @ $42 = $ _____

Yizkor Book of Remembrance Donation $ _____

Contribution to our "No One is Turned Away" Fund $ _____

TOTAL: $ _____

CREDIT CARD AUTHORIZATION: Visa _____ Mastercard_____ (please print clearly)

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: _____