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SHABBAT FORM

JULY 2009 - JUNE 2010

First Name: _____ Last Name: _____

Shabbat Morning Program

KIDDUSH

OHT is offering a variety of opportunities that will allow our members to share their special occasions (birthdays, weddings, anniversaries, Bar/Bat Mitzvah, birth, conversion, Yahrzeit, etc.) with our community while supporting our Shabbat morning program. It is a custom at OHT to sponsor a Shabbat morning program for the traditional amount of \$180 (Chai). *This is a customary amount. An increase is welcome at the discretion of the member.*

Occasion: _____ Shabbat Date: _____

- | | | | | |
|---|--|--------------------------------------|--------------------------------------|--------------------------------------|
| Kiddush | <input type="checkbox"/> \$180 | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$540 | <input type="checkbox"/> Other _____ |
| Flower Sponsorship | <input type="checkbox"/> starting at \$200 | <input type="checkbox"/> Other _____ | | |
| Kiddush & Dessert Table/Dessert Table only | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$540 | <input type="checkbox"/> Other _____ | |
| Lunch Sponsorship | <input type="checkbox"/> starting at \$1,800 | <input type="checkbox"/> Other _____ | | |
| Rabbi's Discretionary Fund | <input type="checkbox"/> Other _____ | | | |

Subtotal \$

RELIGIOUS SCHOOL BIRTHDAY

Religious School students can now celebrate their birthdays with their OHT classmates. Birthday families can sponsor our Shabbat program by inviting their child's classmates to Shabbat lunch (entire class must be invited) and making a donation of \$180. A special table with a centerpiece and sign will be reserved for your child's class and a cake will be provided by Ohr HaTorah.

Child's Name: _____ Grade: _____

Birth Date: _____ Shabbat Lunch Date: _____

No. of students: _____ x \$7 per student (lunch) + \$180 Subtotal \$

Shabbat Lunch *Minimum order: 10 lunches*

Please use this form to purchase Shabbat lunch tickets for the coming year. Please return this sheet with your membership forms to the Ohr HaTorah office, or give it to a volunteer at the lunch table on Shabbat. Don't forget to enclose a separate check or provide your credit card information with signature.

	#Weeks		#Participants		Cost	Subtotal
Members	<input type="text"/>	x	<input type="text"/>	x	\$12/lunch	\$ <input type="text"/>
Children (3-13)	<input type="text"/>	x	<input type="text"/>	x	\$7/lunch	\$ <input type="text"/>

Payment

FULL PAYMENT: CHECK CREDIT CARD* Grand Total \$

Visa MC Card Number _____ Expiration Date ____ / ____
 Billing Zip Code _____

I hereby authorize payment of Shabbat Lunch fees against the above referenced credit card.

Authorization Signature _____ Date _____

**A 3% service charge will be added to all credit card transactions.*