2024/5785 HIGH HOLYDAY ORDER FORM

PLEASE RETURN BY SEPTEMBER 6, 2024

Temple Beth Abraham
Cordially Invites You
to Attend Services
for the High Holydays and All Year Round

High Holyday Tickets and Guest Tickets will be issued to members in good standing with all balances from previous years paid in full and who have paid in advance for all requested Guest Tickets.

If your guests are members of another congregation, they may be entitled to complimentary tickets. Please contact the TBA Office at tbaoffice@tba-ny.org or (914) 631-1770 to determine if reciprocity applies.

All are welcome to worship with us for the High Holydays. If you have circumstances that affect your ability to meet membership obligations, please contact Erica Newman, Director of Operations and Engagement, and your concerns will be addressed confidentially.

You may complete this form and submit your payment ***online*** at tba-ny.org/HHOrderForm or by scanning the QR code.

MEMBERS

NAME **MEMBER #1** _____

MEMBER# 2 _____

PHONE _____ **EMAIL** _____

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CHILDREN/DEPENDENTS **(part of your household or who are supported by you)**
Included in Membership

NAME(S)

_____

_____

_____

_____

IMMEDIATE FAMILY **(parents, grandparents, and adult children not supported by you)**
$180.00 per ticket

NAME _____ **RELATIONSHIP** _____

NAME _____ **RELATIONSHIP** _____

NAME _____ **RELATIONSHIP** _____

NAME _____ **RELATIONSHIP** _____

GUESTS **$360.00 per ticket**

We are pleased to offer guest tickets to individuals who are not members of Temple Beth Abraham or another synagogue. *Members of another congregation may obtain tickets without charge if their congregation offers reciprocity.*

NAME _____ **DESCRIPTION** _____

NAME _____ **DESCRIPTION** _____

NAME _____ **DESCRIPTION** _____

NAME _____ **DESCRIPTION** _____

$_____ Total for Additional Family and Guest Tickets.

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YIZKOR MEMORIAL BOOK

The *Yizkor* Book brings us together as one family and adds a measure of dignity and merit to the souls of our loved Ones.

Names included last year in the Yizkor memorial book (if applicable):

- ☐ **Please keep this listing as it appears, above.**
- ☐ **Please ADD the following name(s):**

_____

- ☐ **Please CHANGE the listing to read as follows:**

_____

_____

Names are included for $36.00 per loved one with a maximum donation of $250.00 for seven names or more.

$_____Total for *Yizkor*

COMMUNITY REMEMBRANCE SECTION

This year's Community Remembrance Section in our Yizkor Book will honor those who lost their lives during and as a result of the October 7 attack on Israel by Hamas, as well as those killed by other antisemitic acts. Your $36.00 donation includes your name in the Community Remembrance section of the Yizkor book, and 50% of your donation will be matched and donated to AFMDA (American Friends of Magen David Adom), Israel's national ambulance, blood-services, and disaster-relief organization.

☐ ***Please check this box to add your name to the Community Remembrance section of the Yizkor book:***

$_____Total for Community Remembrance

HIGH HOLYDAY FLOWERS

Flowers may be dedicated in honor or in memory of loved ones.

Your dedication last year (if applicable) was:

- ☐ **Please keep this listing as it appears, above.**
- ☐ **Please ADD the following name(s):**

_____

- ☐ **Please CHANGE the listing to read as follows:**

_____

_____

Dedications will appear in the High Holyday announcements and are $72.00 per listing.

$_____ Total for Flowers

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CHILDCARE RESERVATIONS

Please fill out your child(ren)'s name(s) below and check the box(es) to indicate which day(s) you require childcare.

CHILD'S NAME	AGE	RH DAY 1 10/3	RH DAY 2 10/4	YK MORNING 10/12

$36.00 per family helps offset the cost of staff, food, music, and crafts for the children.

$_____ Total for Childcare

ADDITIONAL DONATIONS

Thank you for considering an additional gift to offset the costs of High Holyday services and programs.

$_____ Total Additional Donation

USHERING

Please let us know if you would be able to help with greeting, ushering, shofar blowing, etc. during the High Holydays.

Thank you for considering giving your time to volunteer in our TBA Community.

Name: _____ **Email:** _____

Name: _____ **Email:** _____

TOTAL PAYMENT DUE: (Seats + *Yizkor* + Community Remembrance + Flowers + Childcare + Additional Donation) = _____

$_____ TOTAL ENCLOSED

Please make your check payable to Temple Beth Abraham and send it with this form to us by September 6, 2024.

If you wish to pay with a credit card (there is a 3% processing fee for all credit card charges) or to make other payment arrangements, please contact the office.