

SISTERHOOD CLOSING DINNER

KINDLY RESPOND BY THURSDAY, MAY 23

Name _____

Email _____

Cell _____ Home _____

A campaign contribution is required to attend the dinner.

– Campaign Contribution –

____ Guardian \$336 ____ Benefactor \$72

____ Sponsor \$180 ____ Hostess \$54

____ Patroness \$36

Campaign Contribution (required): _____

Children and Grandchildren Total: _____

Dinner Couvert: _____ \$40

Attending _____ Sorry (regrets) _____ Total: \$ _____

Please make checks payable to Har Zion Temple.

Thank you to those who cannot join us but generously contribute to our campaign.

Please print seating preference on the right panel!

Advanced reservation only!

– Our Children, Our Grandchildren –

I would like the following children's and grandchildren's names
to be listed at \$5 per name.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

TRANSPORTATION

I need a ride to the Closing Dinner

Name _____

Email _____

Cell _____ Home _____

SEATING

I would like to be seated with _____
