



Member Supplemental Ticket Order Form

2011/5772

Please return this form by **August 29, 2011**

Please print clearly

Member Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

E-Mail: _____

GUEST TICKETS:

_____ Number of guest tickets @ \$200 each (Includes all services and prayerbook)

_____ Number of guest tickets @ \$175 each (Includes all services without prayerbook)

Total \$ _____

Single service tickets are available for \$110 each. Tickets for the Kol Nidre service are available for \$150 each.

Single Service Tickets:

_____ Number of guest Erev Rosh Hashanah tickets (single service) Total \$ _____

_____ Number of guest Rosh Hashanah Morning tickets (single service) Total \$ _____

_____ Number of guest Kol Nidre tickets (single service) Total \$ _____

_____ Number of guest Yom Kippur Day tickets (single service) Total \$ _____

Guest name(s): _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Guest name(s): _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Tickets ordered prior to August 29, 2011 will be mailed to your address.

After August 29, 2011 all tickets will be available at the door.

See Reverse

Return to :

Congregation Kol Ami, 1200 North La Brea Avenue, West Hollywood, CA 90038

Phone: 323.606.0996 • Fax: 323.606.0997 • www.kol-ami.org

The prayerbook, *On Wings of Awe*, is available for purchase in advance or on the day of Services. Please note there are LIMITED books available to borrow the day of Services

In addition you may also donate a prayerbook to the Temple in honor or memory of a loved one.

PRAYER BOOKS _____ Number of **Prayer books** @ \$30 each. Total \$ _____

Dedication text (for both personal and donated books):

BIMAH FLOWER SPONSOR

Sponsor flowers for: Rosh Hashanah only Yom Kippur only **Both holidays**
\$200 minimum contribution per holiday (\$375 minimum for both) Total \$ _____

ROSH HASHANAH ONEG SPONSOR

\$100 minimum contribution for **Oneg sponsorship** Total \$ _____

TOTAL FROM YIZKOR BOOK FORM Total \$ _____

Method of payment: Check (enclosed) GRAND TOTAL \$ _____

MasterCard Visa Discover American Express

Account #: _____ Exp. date: _____

Billing zip code _____ 3 or 4 CVC # _____

Print Name: _____

Signature: _____ Date: _____

I authorize Congregation Kol Ami to debit my credit card in the following amount: \$ _____