



Accounting Form 5772/2011

Last Name: _____ First Name(s): _____

Address: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Cell: _____

1. Membership Dues..... \$ _____

- | | |
|--|--|
| 1. Family (HH tickets for all up to age 23)..... \$1200 | 6. Senior Family (70+ years, 2 HH tickets)..... \$ 875 |
| 2. Single (1 HH ticket) \$ 575 | 7. Single Senior (1 HH ticket).....\$ 475 |
| 3. Young Single (under 35, 1 HH ticket).....\$ 225 | 8. Associate Family (no HH tickets).....\$ 575 |
| 4. Young Couple (oldest under 35, First year free).....\$ 425 | 9. Single Associate (no HH tickets).....\$ 425 |
| 5. Young Family (Oldest spouse under 35, HH tickets for all up to age 23)...\$ 800 | |

____ No one will be refused membership for financial reasons. Please have the Chesed representative contact me.

2. Add'l Member High Holy Day Tickets

_____ (X) \$136.00 \$ _____
Number of Adult Tickets

_____ (X) \$ 75.00 \$ _____
Number of Children's Tickets

3. Non-Member High Holy Day Tickets

_____ (X) \$180.00 \$ _____

4. Childcare Fees

_____ (X) \$ 45.00 \$ _____
Number of Childcare Children

5. Yizkor Memorial Book

_____ (X) \$ 18.00 \$ _____
Number of Names

6. Break the Fast

_____ (X) \$ 18.00 \$ _____
Number of Adults

_____ (X) \$ 10.00 \$ _____
Number of Children

7. High Holy Day Greeting

_____ (X) \$ 10.00 \$ _____
Number of Listings

8. Voluntary Credit Card Donation

(Please consider making a donation to help offset the fees we incur when offering the use of Credit Cards)

\$50.00 \$ _____

TOTAL AMOUNT \$ _____

AMOUNT ENCLOSED \$ _____

Please return this form with payment and Ticket Request Form by **September 14, 2011.**

**Please call the office if a monthly payout is needed for dues
or to charge your Visa/Mastercard/Discover**

Please make checks payable to Congregation Shaarei Kodesh



Ticket Request Form

5772/2011

Last Name: _____ First Name(s): _____

Home Address: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Cell: _____

** Seating is limited. Please only request tickets for children who will be attending the High Holy Day Services and who are not enrolled in our wonderful Childcare program. (See Childcare form)
All dependent children under 23 attending services, excluding lap children, require tickets.*

YES! I am a member of Congregation Shaarei Kodesh !

* **Number of Member High Holy Day tickets required:** _____
Family membership includes tickets for dependent children under the age of 23.

- **Number of Member High Holy Day tickets** (not part of your membership)
 - **Adults @ \$136:** _____
 - **Children @ \$ 75:** _____

Name and address of each additional family:

YES! I would like to become a member of Congregation Shaarei Kodesh. Please send an application form to my above email address!

* **Number of Member High Holy Day tickets required:** _____

_____ No one will be refused membership for financial reasons. Please check here and someone from our Chesed Committee will contact you.

No, I/we do not wish to join at this time. I/We would like to purchase the following tickets.

* **Number of Non-Member High Holy Day tickets @ \$180:** _____

Name and address of each additional family:

TOTAL NUMBER OF TICKETS REQUESTED _____

Please make checks payable to Congregation Shaarei Kodesh
Please return this form with payment and Accounting form by September 14, 2011.



Yizkor Memorial Book

5772/2011

Dear Friends,

One of the most sacred moments of the High Holy Days is when, as a congregation, we collectively and individually recall those who are no longer with us. When we recite Yizkor on Yom Kippur, we recall with tenderness a voice, a smile, a gesture, a face and personal closeness. This reinforces the very purpose of the Yizkor service, to remember those who touched our lives with goodness, sweetness and love.

The Yizkor Memorial Book, which will be used throughout the year each time we say Yizkor, is a meaningful way to remember our dear departed. When we include in our 5772/2011 Yizkor Memorial Book, the names of those we have lost, we fulfill the Mitzvah to "make their memory endure as an inspiration for charity and goodness in our lives". What better way is there to remember those family members and friends who shared our lives in times of joy and sadness and whose memory sustains us even to this day?

Please complete the form on the back of this letter and return it with your contribution. The preparation and printing of the 5772/2011 Memorial Book requires the greatest of care; please return your form by **September 14, 2011** to ensure the inclusion of the names of your departed loved ones. Entries received after this date may not be included in the Memorial Book.

Thank you,

Congregation Shaarei Kodesh
Memorial Book Committee



Yizkor Memorial Book

5772/2011

Yizkor Memorial Prayer

Dear God, remember the soul of my beloved... who has gone to his/her eternal home and in whose memory I now offer a pledge of charity. May his/her soul be bound up in the bond of life, a living blessing in our midst.

Please include the names listed below in the 5772/2011 Yizkor Memorial Book:
In Memory of: (please PRINT the full name in English)

Payment Information

Suggested donation- \$18 for **each name** listed:.....# of names _____

Enclosed please find my/our contribution in the amount of.....\$ _____

OR VISA/MASTERCARD/DISCOVER CC# _____

EXPIRATION DATE _____ ZIP CODE _____

ALL CHECKS SHOULD BE MADE PAYABLE TO SHAAREI KODESH AND MAILED TO THE ADDRESS LISTED BELOW. ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE.

Submitted by:

Name: _____

Address: _____

Phone: _____ Cell: _____



CHILDCARE ROSH HASHANAH/YOM KIPPUR 5772/2011

SPACE LIMITED – First Come – First Served
NO RESERVATIONS WILL BE ACCEPTED AFTER September 14, 2011

Childcare will be available for children 12 months through 9 years of age for those holding High Holy Day tickets.

Please complete the appropriate space on the form below. A fee of \$45 per child is to be enclosed with your reservation. **NO RESERVATIONS WILL BE ACCEPTED WITHOUT THE APPROPRIATE FEE.** Please make checks payable to Shaarei Kodesh, or Contact the office to use your VISA, MASTERCARD, OR DISCOVER card.

Your children will be provided with a name tag with their full name for identification. Kosher snacks will be provided. If you child is in diapers, please send diapers and wipes in a labeled bag.

I wish to reserve childcare for my child/children.

_____ Age (as of 9/28/11): _____
Child's First Name Last Name

_____ Age (as of 9/28/11): _____
Child's First Name Last Name

_____ Age (as of 9/28/11): _____
Child's First Name Last Name

_____ Age (as of 9/28/11): _____
Child's First Name Last Name

Please indicate which services you will be attending:

		<u>Babysitting Hours</u>	
Rosh Hashanah	Thursday, September 29 th	9:00am – 1:00pm	_____
Rosh Hashanah	Friday, September 30 th	9:00am – 12:30pm	_____
Kol Nidre	Friday, October 7 th	6:30pm – 9:30pm	_____
Yom Kippur	Saturday, October 8 th	9:00am – 2:00pm	_____
Neilah	Saturday, October 8 th	5:00pm – 7:45pm	_____

Parent's Signature: _____ today's Date: _____

Mother's Name: _____ Father's Name: _____

Please list ANY allergies or medical considerations:



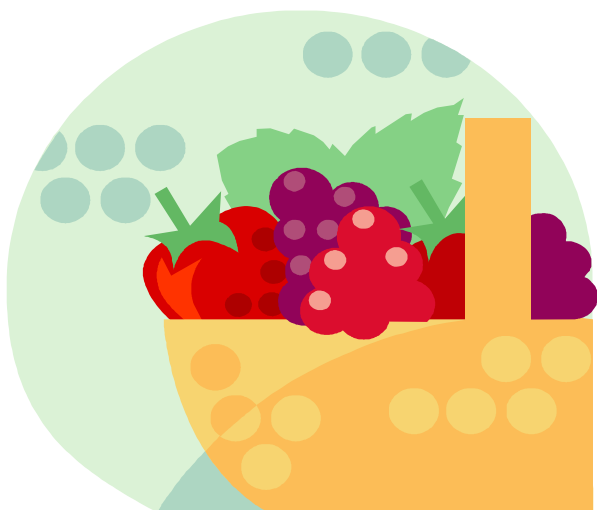
Break the Fast

with

Congregation Shaarei Kodesh!

Enjoy breaking the fast with friends & family
immediately following services at

Spanish River High School!
Saturday, October 8



Adults _____ (X)\$18.....\$ _____

Children 6-12 _____ (X)\$10.....\$ _____

TOTAL \$ _____

NAME _____
(Last)

(First)

Please RSVP by September 21, 2011!
Please add this total to your Accounting Form.



Be a part of the 5772
Congregation Shaarei Kodesh
New Year's Greeting

Dear Congregants:

This year our New Year's Greetings will be distributed during the Rosh Hashanah holiday to wish all those worshipping with us for the High Holy Days a very Happy and Healthy New Year.

The cost will be \$10.00 per listing for families as per the samples below:

1. Heidi and Gary Aronson and family
2. Mr. & Mrs. Gary Aronson and family
3. Heidi, Gary, Shane and Kayla Aronson

Your prompt response is appreciated, because letters that are put away for "later" are forgotten, and we know you want to be included. If you have adult children with families who wish to extend their greetings as well, please include an additional \$10.00 for each listing. Please fill out the form below and send in with your High Holy Day ticket information. Please return no later than September 14, 2011.

Congregation Shaarei Kodesh wishes you and yours a Happy and Healthy New Year, in advance.

L'Shanah Tovah!

NEW YEAR'S GREETINGS 5772

Enclosed is \$ _____ (\$10.00 per listing) for the following names to be listed in the New Year's Brochure

1. _____

2. _____

3. _____

Name _____ Phone _____

Address _____