

Days of Awe 5777 - 2016

Guest Ticket Order Form

WEST END SYNAGOGUE
190 Amsterdam Ave., New York, NY 10023
TEL. (212) 579-0777 FAX (212) 579-2669
www.westendsynagogue.org

Name(s) _____ Date _____
(Please print)

Address _____

Phone: (h) _____ (c) _____ (w) _____

Email Address: _____

High Holy Day services do not take place at WES. The service location will be printed on your ticket. If you would like location details, please call the synagogue office at 212-579-0777, ext. 220.

*Adult _____ (22 years of age & older) @ \$425 each = \$ _____

*Young Adult (13-21) _____ @ \$75 each = \$ _____

*Child (2-12) _____ @ \$36 each = \$ _____

Total tickets ordered _____

Contribution to West End Synagogue's Kol Nidre Appeal \$ _____
(suggested minimum contribution - \$108 per adult ticket)

Sponsor a HHD seat for a NYC college or graduate student \$ _____
(suggested, \$180)

Total amount enclosed \$ _____ **Thank You!**

How did you hear about West End Synagogue? _____

Payment Method

Please note:

- All ticket requests must be submitted no later than August 21.
- West End Synagogue must pay a fee for credit card payments. **We appreciate your paying by check whenever possible.**

___ Check enclosed (payable to *West End Synagogue*)

___ Visa ___ Master Card ___ American Express

Card # _____ Exp. _____ Code _____

Signature _____

Please print your name _____

Please print exactly as shown on your credit card.