

Days of Awe 5781- 2020
Member Additional Ticket Order Form
WEST END SYNAGOGUE
190 Amsterdam Ave., New York, NY 10023
TEL. (212) 579-0777 ext .220
www.westendsynagogue.org

Member name _____

Contact phone number: _____

High Holy Day Tickets help us support our wonderful clergy and Synagogue administration. This year we are asking for contributions **from \$36 to \$360 per guest** based on what you can afford. Our guideline is \$90 for children and \$180 for adults with the hope that those who can help support the admission of others with lesser means will contribute more.

of adults _____ (22 years of ages or older) @\$_____ each

of children _____ @\$_____ each

Guest names and emails (needed for Zoom High Holy Days services):

Total tickets ordered _____

Total amount \$ _____

*Please remember that all outstanding balances must be paid in order to receive tickets.
As always, finances will not be a barrier to admission: please contact the Treasurer at
treasurer@westendsynagogue.org, if you would like to discuss arrangements*

Please note:

- All ticket requests must be submitted no later than August 30
- West End Synagogue must pay a 3% fee for credit card payments. If paying by credit card, please add 3%. **We appreciate your paying by check if possible.**

Payment Method

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

___ Paid on ChaverWeb as “High Holy Days 2020 HHD Ticket Members” donation