

Chabad Of Midtown

HIGH HOLIDAYS & MEMBERSHIP FORM

YEAR 5780 / 2019-2020

PLEASE RETURN THIS FORM TO ADDRESS BELOW OR SCAN TO EMAIL BELOW

1344 Bathurst Street, Toronto ON, M5R 3H7 • Phone: (416)516-2005 • E-mail: rabbi@chabadmt.com

An electronic version of this form can be filled out on our website: www.chabadmt.com**HIGH HOLIDAYS FORM****PERSONAL INFORMATION**

Name: _____

Home Address: _____

City, Prov., PC: _____

Home Phone : _____ Email: _____

HIGH HOLIDAYS SEATS

Number of Men: _____ Women: _____ Children: _____ Ages: _____

HIGH HOLIDAYS PAYMENT

- Friendship Family Membership of \$1,800***
 Annual Family Membership of \$1,100 per family
 Senior's Membership \$900
 I am enrolled in Chabad Preschool & Daycare and/or Chabad Hebrew School and delighted to join the Membership Club at a 60% discounted rate of \$450

 High Holiday Seats per family \$360
 Single Seat \$180

Please charge my credit card **Visa** **MasterCard** **Amex**

Card # _____ Exp. Date ___ / ___

Signature: _____ Date: _____

*** This amount covers the Membership for a family who can currently not afford the fee on their own

MEMBERSHIP FORM

I wish to make membership payments*:

- Annually 1 payment of \$ _____ : September 2019
 Semi-Annually 2 payments of \$ _____ : September & December 2019
 Quarterly 4 payments of \$ _____ : September & December 2019 – March & May 2020

* No one will be turned away because of lack of funds. (Please do not hesitate to contact Rabbi Deitsch to discuss)

 Monthly starting September 1st of \$ _____ per month Enclosed please find post-dated cheques payable to: Chabad of Midtown Please charge my credit card (above)

Signature: _____ Date: _____

ADDITIONAL INFORMATION

BIRTHDAYS

Name	Hebrew Name	D.O.B. (M/D/Y) <i>Specify Day / Evening</i>	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YAHRTZEITS

Name: English / Hebrew / Last	Father's Hebrew Name	Relationship	Date & Time of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALIYA INFORMATION

1. First Name _____ Hebrew Name _____ Cohen Levi Yisroel Convert

Father's Hebrew Name _____ D.O.B. (M/D/Y) _____
Specify: Day / Evening

2. First Name _____ Hebrew Name _____ Cohen Levi Yisroel Convert

Father's Hebrew Name _____ D.O.B. (M/D/Y) _____
Specify: Day / Evening