

CHABAD OF MIDTOWN TORONTO

HIGH HOLIDAYS & MEMBERSHIP FORM

YEAR 5786/ 2025-26

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

Office: 1344 Bathurst Street Toronto, ON M5R 3H7 • Phone: 416-516-2005 • E-mail: admin@chabadMT.comShul: 544 St Clair Ave W Toronto, ON M6C 1A5 • E-mail: Rabbi@chabadMT.com**An electronic version of this form can be filled out on our website: www.chabadMT.com****GENERAL INFORMATION****PERSONAL INFORMATION**

Name: _____

Home Address: _____

City, Prov., PC: _____

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 I wish to continue receiving emails from CMT, please subscribe me to CMT's email list**PAYMENT INFORMATION** Enclosed please find my payment for my CMT membership - \$1,200 per family (includes High Holiday seats) Enclosed please find my payment for my CMT membership - \$1000 per family (includes High Holiday seats)
*Seniors 65+ Enclosed please find my payment for my CMT membership - \$480 per family (includes High Holiday seats)
*60% discount for current Daycare/Hebrew School families only Enclosed please find my payment payable to CMT for High Holiday seats - \$360 per family Please charge my credit card **Visa** **M/C** **AMEX** in the amount of: \$ _____

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PAYMENT SCHEDULE

I wish to make these membership payments:

 Annually 1 payment of \$ _____ : September 2025 Semi-Annually 2 payments of \$ _____ : September & December 2025 Quarterly 4 payments of \$ _____ : September & December 2025 – March & May 2026 Enclosed please find post-dated cheques payable to: Chabad of Midtown (1344 Bathurst St Toronto, ON M5R3H7) Please charge my credit card (above)

Signature: _____ Date: _____