Please return to East Midwood Jewish Center with check or credit card payment information. You can mail, drop off or email to: EMJC-1625 Ocean Ave., Brooklyn, NY 11230. wrosenfeld@emjc.org
We will mail tickets to you unless you request otherwise. The deadline for mailing tickets is September 18th.

Address:Phone #			
Item	Cost Per Item	Quantity	Total Amount
Kol Nidre Appeal Contribution	Fill in amount:		\$
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Item	Cost Per Item		Quantity	1 otai Amount
Kol Nidre Appeal Contribution	Fill in amount:			\$
New Year's Greetings: Your name will be included on a card distributed to our congregation and in the Blast	\$18.00			\$
Book of Remembrance : In Memory Of (fill in name, on a separate sheet) (10 or more names=\$180 flat rate)	\$18.00	х		\$
Additional Contribution- (You can write in purpose below):	Fill in amount:			\$
Ticket -Additional tickets (Member of EMJC): (This is the number of extra tickets needed above your membership level allotment). Zoom link is included in your membership.	\$150.00	x		\$
Zoom (only) option for EMJC Associate Members	\$100.00			\$
Ticket- Non-Member of EMJC (Zoom link for non-members will be included in Ticket purchase). Zoom link (only) for Non-Member of EMJC	\$200.00 \$200.00	x		\$ \$
Headphone listening device	Free	х		Free
Children's Services (Suggested price of \$54/family)	Fill in amount: \$			\$
Break The Fast @ EMJC: \$54/Adult; \$18/Child (12 & under)	\$54.00/Adult \$18/Child	x x		\$ \$
Will you pay the credit card processing fee-(Check box):	Yes		No	(Approx. 3%)
				TOTAL \$

My check, payable to the EAST	MIDWOOD JE	WISH CENTE	R, is enclos	ed	
Please charge my card: []Visa []MasterCard	[]Discover	[]AmEx	[]CARD O	N FILE WITH EMJC
Credit Card #:					
Exp. Date:/	Card Code: Visa, MasterCard or I	Discover: 3 digits locat	ed on back of card	l or AmEx: 4 digits on	n front upper right