CONGREGATION ANSHEI CHESED
SEATS REQUEST FORM
ROSH HASHANA & YOM KIPPUR 5770 (2009)

MEMBERS & THEIR FAMILY: $70.00 PER SEAT ($60 per seat for either Rosh Hashana or Yom Kippur only)
NON-MEMBERS: $165.00 PER SEAT

NAME_____

PHONE NUMBER_____

EMAIL ADDRESS _____ (-required-)

	*BOTH Rosh Hashana **AND** Yom Kippur	**OR**	*EITHER Rosh Hashana Yom Kippur (circle one)
_____	**MEN** _____ **$_____**		**MEN** _____ **$_____**
No. of Seats Needed →→→	**WOMEN**		**WOMEN**
	Upstairs _____		Upstairs _____
	Downstairs_____ **$_____**		Downstairs _____ **$_____**
Location preference*	_____		_____

_____I am not purchasing seats this year but please accept my generous contribution of $_____.
(*Check here if applicable*)

TOTAL AMOUNT DUE $_____**

Please return this Form together with a check payable to *Congregation Anshei Chesed* no later than **Sunday, August 16th** to:

CONGREGATION ANSHEI CHESED
PO Box 65
Hewlett, NY 11557

(Processing of Forms sent to any person or location other than the Shul's PO Box may be significantly delayed)

PAYMENT IN FULL MUST ACCOMPANY THIS FORM.

* Reasonable efforts will be made to honor your seating preference at the convenience of the Shul. Please check here _____ if you would like the same seats as last year and we will do our best to accommodate your request.

** The Shul reserves the right to reject an incomplete Form or a Form submitted by anyone with outstanding balances owed to the Shul who has not made financial arrangements with the Treasurers. Please settle your obligations with the Shul (or make appropriate arrangements with the Treasurers) as soon as possible to ensure that your seat request may be timely honored. You may contact the Treasurers personally (or by email at payments AT ansheichesed.com) in confidence, with any questions or concerns about your statement balance.