IN-PERSON & ONLINE SEAT REQUEST

Ticket orders must be in by 5 pm, Wednesday, August 18.

BENEFACCTOR AND STANDARD DUES MEMBER:
IN-PERSON SEATS (INCLUDES ONLINE ACCESS)

List the name of the member and the spouse/partner (if applicable). If you are a family, your annual membership dues include 2 in-person and online access seats. If you have a single membership your annual membership dues include 1 in-person and online access seat.

<table>
<thead>
<tr>
<th>Member#1</th>
<th>Member#2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name_________________________</td>
<td>Name_________________________</td>
</tr>
<tr>
<td>Email_________________________</td>
<td>Email_________________________</td>
</tr>
</tbody>
</table>

ASSOCIATE, PERMANENTLY ADJUSTED MEMBER or ADDITIONAL IN-PERSON SEATS (INCLUDES ONLINE ACCESS)

To purchase associate member, permanently adjusted member, and additional seats (both in-person and online access) please list the individual's full name and email. Seats are only valid for the person to whom they are assigned in advance. All tickets will be mailed to the purchaser's address. Stated prices are for full members in good standing. Additional seats for non-members will be charged 25% higher than member seats.

Name
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________

Email (please write clearly)
__________________________
__________________________
__________________________
__________________________

ONLINE ONLY ACCESS

To purchase online only associate member, permanently adjusted member, and additional member seats, please list the individual's full name and email.

<table>
<thead>
<tr>
<th>Name</th>
<th>Email (please write clearly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>____________________________</td>
</tr>
<tr>
<td>2.</td>
<td>____________________________</td>
</tr>
<tr>
<td>3.</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Please complete and mail this form to:
Congregation Shearith Israel, 9401 Douglas Avenue, Dallas, Texas 75225.
Or, scan and email the signed form to Janice at jleventhal@shearith.org or fax to 214-939-7378.
IMPORTANT:

Seats will be issued to members who have paid at least a quarter of their fiscal 2021-22 dues, as well as fulfilled all their financial obligations for fiscal 2020-21 by Wednesday, August 18. If you are having trouble bringing your account current, you may contact Kim West, our Chief Operating Officer, who will help you to make payment arrangements, if needed.

Tzedakah Donation: $_____________

Additional Seat Requests Total: $_____________

Total due: $_____________

Please Indicate Your Sanctuary choice: (check one)

☐ Aaron Family Main Sanctuary
  Member QTY: ____ @ NO COST (2 for family / 1 for single)
  Add'l member & Associate member seats QTY: ____ @$450=$_______
  Add'l non-member seats QTY: ____ @$563=$_______

☐ Beck Family Sanctuary  ☐ Main Foyer
  Member QTY: ____ @ NO COST (2 for family / 1 for single)
  Add'l member & Associate member seats QTY: ____ @$350=$_______
  Add'l non-member seats QTY: ____ @$438=$_______

☐ Kaplan Auditorium  ☐ Beit Aryeh
  Member QTY: ____ @ NO COST (2 for family / 1 for single)
  Add'l member & Associate member seats QTY: ____ @$275=$_______
  Add'l non-member seats QTY: ____ @$344=$_______

☐ Online Only Access
  Member QTY: ____ @ NO COST (2 for family / 1 for single)
  Add'l member & Associate member seats QTY: ____ @$275=$_______
  Add'l non-member seats QTY: ____ @$395=$_______

Teen & College Student Seating

☐ Kaplan Auditorium QTY: _______ @$90=$_________
☐ Beit Aryeh QTY: _______ @$90=$_________

Tzedakah Amount

I/we wish to donate to help provide seating for those unable to pay.

Total Donated $___________

IMPORTANT:

Seats will be issued to members who have paid at least a quarter of their fiscal 2021-22 dues, as well as fulfilled all their financial obligations for fiscal 2020-21 by Wednesday, August 18. If you are having trouble bringing your account current, you may contact Kim West, our Chief Operating Officer, who will help you to make payment arrangements, if needed.

Tzedakah Donation: $___________

Additional Seat Requests Total: $___________

Total due: $___________

Authorization & ACH Payment

Name_________________________________________ Phone______________________________________

☐ CHECK ENCLOSED  Check # ___________________ Amount $_________________  ☐ CREDIT CARD PAYMENT

Credit Card Billing Address __________________________________________ City, State, Zip_____________________

______ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________

Credit Card Number (16 digits)

Expiration Date ___ ___ / ___ ___ VIN ___ ___ ___

There will be an additional 3% processing fee added to all credit card charges.

The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I promise to pay such total (together with any charges due thereon) subject to and in accordance with the agreement governing the use of such card.

FOR ACH PAYMENTS:

(Automatic Bank Draft)

No extra charge for ACH

Please provide your bank’s:

Routing #________________________
Account #________________________

Savings  Checking  (Circle One)