

APPLES & HONEY

APPLE of our eye - \$180 sponsorship

Be a **HONEY** - \$54 sponsorship

\$18 or more - MITZVAH MAKER!



IT'S BACK! To make the New Year sweet, Shearith Israel will again deliver Apples & Honey Holiday Bags to all our families, Klei Kodesh, staff, and Weitzman Family Religious School teachers. Please support our popular program designed to wish L'Shana Tova to everyone in the Shearith community!

Sign up by 4 pm, Friday, August 25.

Sponsors will be recognized in the Apples & Honey Bag and High Holy Days Program Guide.

Name (This is how names will be displayed on the donor card.)

Phone

Address

City

State

Zip

Email

APPLE of our eye: \$180 sponsorship \$_____

Mitzvah Makers: Donate \$18 or more \$_____

Be a HONEY: \$54 sponsorship \$_____

ORDER TOTAL \$_____

FOR VOLUNTEER OPPORTUNITIES AND PAYMENT PLEASE SEE REVERSE SIDE

APPLES & HONEY VOLUNTEER OPPORTUNTIES

Delivering Apples & Honey bags is fun and rewarding, but it's essential we have YOUR HELP!

Remember, the help of volunteers is essential to the Apples & Honey program.

PACKAGE APPLES & HONEY

Help assemble boxes on Sunday, September 10, from 9 - 11 am. This is a GREAT volunteer opportunity for students who need community service hours.

DELIVER APPLES & HONEY

Bring the joy of the High Holy Days right to our members' doors! We try to schedule delivery stops near each other and near your home.

Sign up online at shearith.org, scan the QR code below, or complete this form and return to:
 Congregation Shearith Israel, 9401 Douglas Avenue, Dallas, Texas 75225.

You may also scan and email the signed form to Michelle at mrefoua@shearith.org

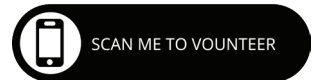
Name(s) _____

Phone _____ Email _____

☐ Package Apples & Honey

☐ Deliver Apples & Honey — *Pick up bags Sunday, September 10, 10 am-1 pm.
Deliver by Friday, September 15.*

Preferred zip code(s) _____
(we will try to accommodate your request)



Authorization

☐ CHECK ENCLOSED Check Number _____ Amount \$ _____

☐ CREDIT CARD

Name _____ Phone _____

Credit Card Billing Address _____ City, State, Zip _____

_____ - _____ - _____

Credit Card Number (16 digits)

Expiration Date ____/____ VIN ____

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.