

SERVICE ATTENDANCE REQUEST FORM

BENEFACTOR AND STANDARD DUES MEMBER (NO COST)

If you have a family membership, your annual dues include 2 seats. If you have a single membership, your annual dues include 1 seat. Please list each individual's full name. Online access is included; you must provide an email address.

Member #1

Member #2

Name _____

Name _____

Email _____

Email _____

ASSOCIATE DUES MEMBER, PERMANENTLY ADJUSTED DUES MEMBER or ADDITIONAL SEATS

To purchase seats, please list each individual's name. The cost of the seat is determined by the location (which you will fill out on the other side). Online access is included; you must provide an email address. **If you want online access ONLY, the cost is \$275.**

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

NON-MEMBER

To purchase seats, please list each individual's name. The cost of the seat is determined by the location (which you will fill out on the other side) and will be 25% higher than the member price. Online access is included; you must provide an email address.

Name _____

Email _____

Name _____

Email _____

Complete both sides and mail to:
Congregation Shearith Israel, 9401 Douglas Avenue, Dallas, TX 75225
or scan and email to Janice at jleventhal@shearith.org
If you have questions call Janice at 214-939-7318

**DEADLINE TO SUBMIT FORM IS
WEDNESDAY, SEPTEMBER 7 AT 5 P.M.**

SERVICE LOCATION SELECTION AND QUANTITY

Seats will be issued to members who have paid at least a quarter of their fiscal 2022-2023 dues, and fulfilled their financial obligation for fiscal 2021-2022 by Wednesday, September 7. If you need help bringing your account current, please contact Kim West, Interim Controller, who can help you to make payment arrangements, if needed.

Please indicate your location choice:

AARON FAMILY MAIN SANCTUARY

Member at no cost (2 for family/1 for single)

_____ # of seats

Additional member/Associate/Permanently Adjusted

_____ @ \$450 ea. = \$ _____
of seats total

Non-Member

_____ @ \$563 ea. = \$ _____
of seats total

BECK FAMILY SANCTUARY or **MAIN FOYER** (check one)

Member at no cost (2 for family/1 for single)

_____ # of seats

Additional member/Associate/Permanently Adjusted

_____ @ \$350 ea. = \$ _____
of seats total

Non-Member

_____ @ \$438 ea. = \$ _____
of seats total

KAPLAN AUDITORIUM or **BEIT ARYEH** (check one)

Member at no cost (2 for family/1 for single)

_____ # of seats

Additional member/Associate/Permanently Adjusted

_____ @ \$275 ea. = \$ _____
of seats total

Non-Member

_____ @ \$344 ea. = \$ _____
of seats total

ONLINE ACCESS ONLY

Member at no cost (2 for family/1 for single)

_____ # of seats

Additional member/Associate/Permanently Adjusted

_____ @ \$275 ea. = \$ _____
of seats total

Non-Member

_____ @ \$344 ea. = \$ _____
of seats total

TEEN AND COLLEGE STUDENT SEATING

Kaplan Auditorium

_____ @ \$90 ea. = \$ _____
of seats total

Beit Aryeh

_____ @ \$90 ea. = \$ _____
of seats total

TZEDAKAH: I/we wish to donate to help provide seating for those unable to pay \$ _____
total

PAYMENT

TOTAL AMOUNT DUE \$ _____

CHECK ENCLOSED: Check # _____ Check Amount _____

CREDIT CARD PAYMENT (Visa/MasterCard ONLY): Name _____ Zip _____

_____ - _____ - _____ - _____ 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 payment questions contact Cindy at 214-939-7323 or cembrey@shearith.org