

## Adat Chaim High Holiday Checklist Form

Check off each form you have included in your envelope for High Holidays. Return all forms and your payment **no later than September 6<sup>th</sup>**.

_____ Ticket Request	amt. _____	Include Ticket Request Form \$250.
_____ Book of Remembrance	amt. _____	Include the Book of Remembrance Form \$20-72.
_____ Tree of Life	amt. _____	Include the Tree of Life leaf Form \$180.
_____ Memorial Wall plaque	amt. _____	Include the Plaque Form \$250.
_____ Buy a Machzor	amt. _____	Include the Machzor Bookplate Form \$36.
_____ Aliyot and Honors		Include the Aliyot and Honors Form
_____ Lulov and Etrog	amt. _____	Include the Lulov and Etrog Form \$54.
Flowers Donation \$18	amt. _____	Thank You
Miscellaneous Donation	amt. _____	Thank You for your generosity

**Total** \$ \_\_\_\_\_

Make checks payable to: Adat Chaim  
Or charge credit card MC VISA  
# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Exp. Date \_\_\_\_\_  
3 digit Security # from back of card \_\_\_\_\_

**Mail to: Adat Chaim Synagogue  
c/o Lynn Ruddle  
10989 Red Run Blvd., Ste. 109  
Owings Mills, MD 21117**

Signature \_\_\_\_\_

**There will be a 4% processing fee if you use a credit card.**

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **email** \_\_\_\_\_

Recv'd by \_\_\_\_\_ recv'd date \_\_\_\_\_ check # \_\_\_\_\_ total amt \$ \_\_\_\_\_

## Adat Chaim High Holiday Seating Request

**Members:** A family membership includes two (2) High Holiday seats. A single membership includes one (1) High Holiday seat. Members may purchase extra seats for family members for \$100.

**Non-members:** Seats can be purchased at \$250 for all non-members who are not related to an existing Adat Chaim member.

**Please fill out this form so we have accurate information on those who will be joining us for the high Holidays this year.** If you are purchasing extra seats for family members or non-members, please indicate their name, address and email. A ticket will be issued for each person. Seats will be assigned based on the location of your seat[s] last year unless you specify otherwise. Every ticket must have a different name on it. **Tickets will need to be presented at the door for admission.**

1. Family/Non-member \$ \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address/zip \_\_\_\_\_ E-mail \_\_\_\_\_

2. Family / Non-member \$ \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address/zip \_\_\_\_\_ E-mail \_\_\_\_\_

3. Family / Non-member \$ \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address/zip \_\_\_\_\_ E-mail \_\_\_\_\_

4. Family / Non-member \$ \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address/zip \_\_\_\_\_ E-mail \_\_\_\_\_

5. Family / Non-member \$ \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address/zip \_\_\_\_\_ E-mail \_\_\_\_\_

No. of seats \_\_\_\_\_ Total \$ \_\_\_\_\_

**Make extra copies of this form if needed.**

**Seat no.** \_\_\_\_\_ **row** \_\_\_\_\_

Recv'd by \_\_\_\_\_ recv'd date \_\_\_\_\_ check # \_\_\_\_\_ total amt \$ \_\_\_\_\_

# Adat Chaim Book of Remembrance Order Form

Please look over your ad from last year, if attached. Check below what size you want for that ad this year and return this form with the rest of your forms **no later than September 6<sup>th</sup>**.

## Fill in this form:

I want the same ad as last year \_\_\_\_\_. \_\_\_\_\_ See additional changes.

One or two lines In Loving Memory of: \_\_\_\_\_

\$20 \_\_\_\_\_

Three lines/ 1/4 page In Loving Memory of: \_\_\_\_\_

\$27 \_\_\_\_\_  
\_\_\_\_\_

Four Lines/ 1/2 a page In Loving Memory Of: \_\_\_\_\_

\$54 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Page In Loving Memory of: \_\_\_\_\_

\$72 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

«salutation» «Name»

«Phone»

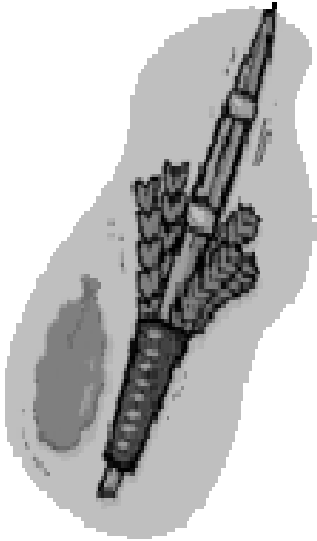
«Address», «city», «State» «Zip»

«Emails»

Office use: Recv'd by \_\_\_\_\_ recv'd date \_\_\_\_\_ check # \_\_\_\_\_ amt. \$ \_\_\_\_\_

# Adat Chaim Lulov and Etrog Order Form

5780/2019



## Fulfill the Mitzvah of shaking your own Lulov and Etrog

Order your set today. Each set is \$54.00. You will be notified by phone or email when to pick up your set from the Shul.

Please order me \_\_\_ Lulov/ Etrog set(s) at \$54 each.

Total \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Recv'd by \_\_\_\_\_ recv'd date \_\_\_\_\_ check # \_\_\_\_\_ amt. \$ \_\_\_\_\_

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Help us by purchasing at least two copies of our new Machzor Lev Shalom and include wording for your bookplate

**\$36.00 per book**

Wording for plate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

recv'd by \_\_\_\_\_ rec'd date \_\_\_\_\_ check # \_\_\_\_\_ amount \$ \_\_\_\_\_

# Adat Chaim Honors and Aliyot Request Form

5780/2019

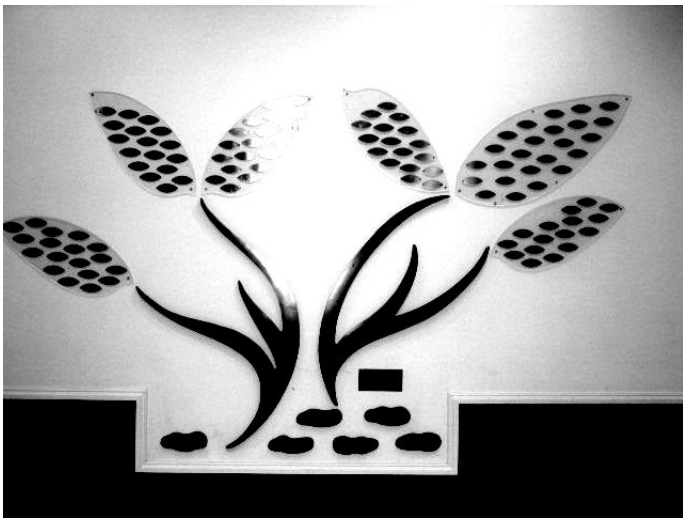
Participating in the High Holiday service can be a wonderful and spiritual experience. Please indicate what type of honor, the name of the person receiving it and the day(s) you wish to have the honor. There may be more individuals requesting honors than are available. You will be notified as to the honor by email once we have processed all requests. Return this form with your checklist request form.

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **email** \_\_\_\_\_

	name	name	name	name
English name				
Hebrew name				
Father's Hebrew name				
Mother's Hebrew name				
Cohan				
Levi				
Israelite				
<b>CHOICES</b>				
1 <sup>st</sup> day Rosh Hashanah				
2 <sup>nd</sup> day Rosh Hashanan				
Kol Nidre				
Yom Kippur Day				
Yom Kippur Mincha/Maariv				
English Reading				
Hebrew Reading				
Read Torah/ Haftorah				
Aliyah				
Non-speaking i.e. arch opening				

seat \_\_\_\_\_ row \_\_\_\_\_



# Adat Chaim Tree of Life leaf order form

Our Tree of Life commemorates special occasions and happy events in our lives. A leaf is \$180. with 3-4 lines of print.

Name \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Adat Chaim Memorial Wall plaque order form

A plaque is \$250. Use the Hebrew reference chart on the reverse side to accurately spell the names and dates by using the English alphabet associated with the Hebrew letter.

In Memory of

\_\_\_\_\_

English Name

\_\_\_\_\_

description

\_\_\_\_\_

Hebrew name

\_\_\_\_\_ Date of Birth/Date of Death

\_\_\_\_\_ Hebrew Date of Death

Name \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Recv'd by \_\_\_\_\_ Amount \$250. \_\_\_\_\_ Check# \_\_\_\_\_