

## AHAVAT TORAH 2011/5772



**YOU ARE CORDIALLY INVITED TO OUR  
HIGH HOLIDAY SERVICES...**



Ahavat Torah's High Holiday services are held at Kehillat Ma'arav Synagogue  
1715 21st Street (just south of Olympic Blvd) in Santa Monica

Erev Rosh Hashanah: 7:30PM, September 28<sup>th</sup>. Rosh Hashanah Day: 10:00AM, September 29<sup>th</sup>.  
(Followed by lunch and our Tashlich service at the beach)

Kol Nidre: 7:30PM, October 7<sup>th</sup>. Yom Kippur Day: 10:00AM, October 8<sup>th</sup>.  
(Services and teachings throughout the day; Yiskor service at 5:00PM)  
Yom Kippur concludes with a break-the-fast buffet.

For further information, please visit our website: [www.ahavattorahcongregation.org](http://www.ahavattorahcongregation.org)  
or call (310) 362-1111 and one of our congregants will return your call.

**Please detach and mail this form with check or signed credit card authorization to:  
Ahavat Torah, P.O. Box 442, Santa Monica, CA 90406**

*(Tickets will be held under the name listed below at "will call" at the synagogue)*

Name: \_\_\_\_\_  
Phone (day): (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION:**

Visa \_\_\_ Mastercard \_\_\_ (check one) Total: \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Yes, I agree to have Ahavat Torah add 3% to recover the credit card fees.* Cardholder's Signature: \_\_\_\_\_

**"ALL SERVICES" TICKETS:**

Members: # \_\_\_\_\_ @ \$225 = \$ \_\_\_\_\_

Non-members: # \_\_\_\_\_ @ \$275 = \$ \_\_\_\_\_

**SINGLE TICKETS:**

Erev Rosh Hashanah: # \_\_\_\_\_ @ \$70 = \$ \_\_\_\_\_

Rosh Hashanah Day: # \_\_\_\_\_ @ \$70 = \$ \_\_\_\_\_

Kol Nidre Night: # \_\_\_\_\_ @ \$80 = \$ \_\_\_\_\_

Yom Kippur Day: # \_\_\_\_\_ @ \$80 = \$ \_\_\_\_\_

**EXTRAS:**

Tashlich Lunch (9/29): # \_\_\_\_\_ @ \$10 = \$ \_\_\_\_\_

Break-the-Fast Buffet (10/8): # \_\_\_\_\_ @ \$35 = \$ \_\_\_\_\_

SIDDUR (Gates of Repentance) # \_\_\_\_\_ @ \$30 = \$ \_\_\_\_\_

BOOK OF REMEMBRANCE DONATION \$ \_\_\_\_\_  
(from reverse side)

**GRAND TOTAL:** \$ \_\_\_\_\_

**AHAVAT TORAH  
ANNUAL BOOK OF REMEMBRANCE**

As is our tradition, Ahavat Torah will be creating a Book of Remembrance to be distributed at our Yiskor service. The age-old custom of remembering and honoring our departed loved ones is embedded in the fundamental Jewish belief in the everlastingness of the soul. Our Yiskor service takes place on Yom Kippur day (10/8) at 5:00PM. To include the names of your loved ones, please complete this form.

NAME OF HONOREE AND RELATIONSHIP	DATE OF PASSING	HEBREW DATE (if known)	MEMBER / ATTENDEE'S NAME

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

Address \_\_\_\_\_

City, Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

**A contribution, large or small, in honor of your loved ones is entirely at your discretion and is greatly appreciated.**

**PLEASE FILL IN FORM, DETACH, AND SEND BY 9/22 TO: Ahavat Torah, P.O. Box 442, Santa Monica, CA 90406**