



First and Last Name/s (please print)

Phone Number

Address

City

Zip

Email Address

Contribution in Support of Shir Tikvah:

Our High Holy Days services are **ticketless and open to all**. In the spirit of the Jewish tradition of giving at High Holy Days, we invite donations to support our social justice mission, educational programs and services throughout the New Year. Your generous and tax-deductible gift makes a world of difference. For example, your gift of:

___ **\$180** covers the cost of 4 *Mishkan Hanefesh* (prayer book) for families who can't afford them.

___ **\$360** provides support for one Adult B'nei Mitzvah participant.

___ **\$540** provides a Religious School Scholarship for one student.

___ **\$1,080** provides preparation and tutoring for a Bar/Bat Mitzvah student.

___ **\$2,160** covers an average one-year Shir Tikvah household membership for those in need.

___ **Anything** you can give will help to continue our open-door, holy community.

High Holy Days Contribution \$ _____

Yizkor Memorial List

We remember loved ones of blessed memory at our Yizkor service on Yom Kippur afternoon. To include your loved ones on this list, you will need to write their names below and return this form to Shir Tikvah no later than **Monday, September 25**. Giving Yizkor Memorial Honoraria in their memory is a meaningful mitzvah. ***Suggested amount is \$54 per name.*** All gifts are appreciated and support our collective work.

Name of Deceased (*print carefully*)

Phonetic Spelling (*important*)

If death has occurred since last Yom Kippur, please check this box and indicate the relationship.

Relationship: [e.g. Parent, sibling, child, partner/spouse of (whom)] _____

Name of Deceased (*print carefully*)

Phonetic Spelling (*important*)

If death has occurred since last Yom Kippur, please check this box and indicate the relationship.

Relationship: [e.g. Parent, sibling, child, partner/spouse of (whom)] _____

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Relationship: [e.g. Parent, sibling, child, partner/spouse of (whom)] _____

[ROOM FOR ADDITIONAL NAMES ON REVERSE]

Yizkor Memorial Honorarium \$ _____

...Form Continued

Child Care & Youth Programing Registration

Shir Tikvah offers Youth Programs and Child Care during the High Holy Days. Carefully review the offerings below and determine what programs best fit your family's needs. Our Youth Programs feature structured, age-appropriate group projects with adult and teenage mentors. **Registration is required with a suggested donation of \$36 per family/session.** Give more or give less as you are able.

| Child Care Registration | Times | Ages | Child/ren name (first, last & age) |
|--|--------------------|------------------|------------------------------------|
| Erev Rosh HaShanah: Wed., September 20 | 8:00pm - 10:00pm | Ages 1-8 | |
| Rosh HaShanah: Thursday, September 21 | 10:30am - 1:30pm | Ages 1-5 | |
| Kol Nidre: Friday, September 29 | 8:00pm - 10:00pm | Ages 1 -8 | |
| Yom Kippur Morning: Saturday, September 30 | 10:30 am - 1:30 pm | Ages 1-5 | |
| Yom Kippur Afternoon: Saturday, September 30 | 3:00pm - 6:30pm | Ages 1-8 | |

| Youth Programming | Grades | Child/ren name (first, last & grade) |
|---------------------------------------|--------------------|--------------------------------------|
| Rosh HaShanah: Thursday, September 21 | 10:30 am - 1:00 pm | Grades K - 4 |
| Yom Kippur: Saturday, September 30 | 10:30 am - 1:00 pm | Grades K - 4 |

Child Care & Youth Programs \$ _____

Order Your NEW High Holy Days Prayer Book!

Mishkan HaNefesh Order # _____ x **\$42** (2 volume set) = **Total \$** _____

ADD: (TOTALS FROM PAGE 1 & 2)

High Holy Days Contribution \$ _____
 Yizkor Memorial Contribution \$ _____
 Child Care & Youth Programs \$ _____
Mishkan HaNefesh Prayer Book \$ _____
 Lulav & Etrog \$50/set* quantity _____ \$ _____

**Lulav & Etrog orders must be received no later than Friday, September 15. Sets will be available for pick up at Shir Tikvah on Monday, October 2.*

GRAND TOTAL \$ _____

Payment

Check payable to Shir Tikvah is enclosed **OR** Payment made online at www.givemn.org/organization/shir-tikvah-congregation **OR** Credit card payment information provided VISA MC AmEx Card

Card # _____ Name on Card (please print) _____ Exp Date _____

CID Security # _____ Billing Address (if different than on front page) _____ Zip Code _____

Use this area if you need additional room to communicate details for Yizkor Memorial or Child Care and/or Youth Programing registration: