

Names (List all names in your party): _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email _____

No. of Members _____ No. of Non-Members _____

No. of Children _____

Seating

Requests _____

Entree Choices:

SEDER 2025

No. of Brisket _____ No. of Chicken _____ No. of Salmon _____ No. of Veg _____

Children's: No of Brisket _____ No. of Chicken _____ No. of Salmon _____ No. of Veg _____

Amount \$ _____ Cash _____ Check# _____ (payable to Temple Sinai)

Members \$80, Non Members \$85, Children Under 12 \$36

Credit Card # _____ Exp. Date _____ / _____

Security Code _____

Billing Address: _____

City: _____ State _____ Zip _____

Name on Card _____

2475 W. Atlantic Ave. Delray Beach, FL 33445

561-276-6161 ext 128 FundRaising@TempleSinaiPBC.org