

Mail or fax to:
Ohel Shalom Torah Center
2949 W. Touhy Avenue • Chicago, IL 60645

773-465-5274(phone) • 773-465-6170 (fax) • office@ohelshalomchicago.org



Membership Dues

Enclosed please find my membership dues for 5774 (2013 - 2014):

___ \$500 Family
(includes seats)

___ \$260 Single
(for unmarried persons only, includes seat)

___ \$100 Associate
(no seats for High Holidays)

___ I enclose \$ _____ towards my _____ membership

Kollel Sponsorship Opportunities

Day of Learning \$52

Week of Learning \$100

Month of Learning \$400

___ I enclose \$ _____ towards the Sephardic Community Kollel

Meal Sponsorship Opportunities

Kiddush \$250

Day of Breakfast Fund \$15

Month of Breakfast Fund \$200

Seuda Shilishit \$100

Week of Breakfast Fund \$75

Year of Breakfast Fund \$2400

What would you like to sponsor? _____

For which date(s) _____

Yes, I wish to participate in the activities as a member of the *Kehilla* with an additional **monthly** commitment, *Bli Neder*, of:

___ \$50 ___ \$36 ___ \$26 ___ \$18 ___ \$_____.

___ I wish to pay the total of my monthly commitments to the *Kehilla* in one payment. Enclosed please find \$ _____

___ I enclose \$ _____ towards the heavy additional High Holiday expenses of the *Kehilla*.

___ I enclose \$ _____ towards the Sephardic Community Kollel

___ I enclose \$ _____ towards the *Geshem Fund*

___ I enclose \$ _____ towards the Ohel Shalom Building Fund

___ I wish to commit \$ _____ **monthly** towards the Ohel Shalom *Chamin Fund*

___ I wish to commit \$ _____ **monthly** towards the *Breakfast Fund*

Credit Card Payment Option: ___ Mastercard ___ Visa ___ AMEX ___ Discover

Card Number: _____ Expiration Date: _____ 3-digit code on back of card or 4 digits on front of AMEX _____.

Name on card: _____ Signature: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____

Please add me to the Weekly Email: _____

Spouse's Email Address _____

Please add to the Weekly Email: _____