

SHALOCH MANOS ORDER FORM

Name: _____

Address: _____

OPTIONS

AMOUNT

1. Please send to all Congregation Shaarey Israel members, clergy and employees (\$136) \$ _____

2. Please select *at least three* names of members you wish to send Shaloch Manos packages to, at \$18/name. Write in their names below.
Minimum Order of 3 names (\$54) \$ _____
Additional Names _____ @\$18 each \$ _____

3. Additional packages for family and friends
Total number _____ @\$18 each \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

*Please make checks payable to **Congregation Shaarey Israel**, earmarked "**Shaloch Manos**".*

ORDER FORM WITH LIST AND CHECK MUST BE RETURNED TO CSI OFFICE NO LATER THAN FEBRUARY 3, 2021.

Please mail to:

**Congregation Shaarey Israel
 18 Montebello Road
 Montebello, NY 10901
 Attn: Shaloch Manos**

NOTE: If you will be away, and DO WANT to receive your package, the package will be available for pick-up by the person you designate, during the pick-up dates above. **Please advise who will pick up your package:** _____

I DO NOT wish to receive a package this year. I only wish to send a package to the names below: (use separate sheet for more than 6 names)

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____