

BARON HIRSCH SISTERHOOD SHALACH MANOT ORDER FORM

Deadline for all orders is Wednesday, February 25, 2009

Please use the enclosed membership roster, and enter the Member # in the grid below for each person you wish to include.

To see how much you owe, look at the \$ amount next to your last entry. (For example, if you have 10 names on your send list, your total payment will be \$63.)

Package #	Member #	Total owed
1		\$18
2		\$23
3		\$28
4		\$33
5		\$38
6		\$43
7		\$48
8		\$53
9		\$58
10		\$63
11		\$68
12		\$73
13		\$78
14		\$83
15		\$88
16		\$93
17		\$98
18		\$103
19		\$108
20		\$113

Package #	Member #	Total owed
21		\$118
22		\$123
23		\$128
24		\$133
25		\$138
26		\$143
27		\$148
28		\$153
29		\$158
30		\$163
31		\$168
32		\$173
33		\$178
34		\$183
35		\$188
36		\$193
37		\$198
38		\$203
39		\$208
40		\$213

Package #	Member #	Total owed
41		\$218
42		\$223
43		\$228
44		\$233
45		\$238
46		\$243
47		\$248
48		\$253
49		\$258
50		\$263
51		\$268
52		\$273
53		\$278
54		\$283
55		\$288
56		\$293
57		\$298
58		\$303
59		\$308
60		\$313

If you have over 60 names on your list, write additional numbers on the back of this page, and add \$5 per name.

I want Reciprocity. (This means if someone has sent to you, we will automatically include your name on that person's package – even if you did not indicate their name above. We will bill you for each name that is added.)

How do you want your name listed on the card? _____

Total # of names _____ Total Payment: \$ _____

Name: _____ Check enclosed Mastercard Visa

Address _____ Card # _____ Exp _____

Phone _____ Security # (On back of card) _____

Return to: Baron Hirsch Congregation
400 South Yates Road
Memphis, TN 38120
(901) 683-7485