



2018 CONGREGATIONAL SEDER

Friday, March 30 at 6:00 PM

We hope you will join your Beth Adam family for our family-friendly Congregational Seder! Please return your reservation form by **Monday, March 26**. If you have any questions, please call the office at (513) 985-0400.

RESERVATION FORM

- WHEN:** Friday, March 30, 2018 at 6:00 PM
- WHERE:** Congregation Beth Adam
10001 Loveland-Madeira Road
- HAGGADAH:** *The Seder, A Contemporary Haggadah*
Please bring your own copies or get your complimentary member copies at the congregation office, by mail (shipping/handling is 25% of the total purchase) or at the Seder.
- DONATE:** We are again supporting The Passover Project of Jewish Family Service. Your monetary donation will support the purchase of Passover food items for families in need. If you would like to contribute, please add your donation to your reservations form.
- VOLUNTEER:** Volunteers are needed to help with food preparation, serving, and clean up. Please contact Pam Van Hart at (513) 941-2467 or pjvanhart@gmail.com. Knowing who can volunteer will help her plan.
- TO SHARE:** If last name starts with A - L, please bring a Passover dessert for **12 or more**. If last name starts with M - Z, please bring a Passover salad/side dish for **12 or more**.
Ice tea, water and grape juice provided – wine is “bring your own”
- COST:**
- | | |
|-------------------------------|------|
| Adult Member | \$15 |
| Adult Non-Member | \$18 |
| Child Member (12 & under) | \$10 |
| Child Non-Member (12 & under) | \$12 |
- DEADLINE:** Monday, March 26, 2018!
- QUESTIONS:** Call the Beth Adam office (513) 985-0400 or email: execdirector@BethAdam.org

The Seder, A Contemporary Haggadah

Per Book	Member Shipping & Handling only \$2.00/book	Non-Member \$8.00 each
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Number of books: _____
 Shipping charge \$2.00/book: \$ _____
Subtotal: \$ _____
 Shipping & Handling (25%) \$ _____
TOTAL \$ _____

PASSOVER SEDER RESERVATIONS

MEMBER: ADULT @ \$15.00	\$ _____
NON-MEMBER: ADULT @ \$18.00	\$ _____
MEMBER: CHILD @ \$10.00	\$ _____
NON-MEMBER: CHILD @ \$12.00	\$ _____
CONTRIBUTION FOR PASSOVER FOOD ITEMS	\$ _____
TOTAL	\$ _____

GRAND TOTAL HAGGADAH & MEALS \$ _____

Name

Address

City, State, Zip

Email/Telephone

Payment Method

Check Enclosed (Payable to Beth Adam)

Credit Card

Visa

Master Card

Discover

American Express

Credit Card Number: _____

3 (4 AMEX) Digit Verification Number: _____

Expiration Date: _____

Name as it Appears on Card: _____

(Please Print)

Authorized Signature: _____

Mail form to: Congregation Beth Adam
10001 Loveland Madeira Road
Loveland, OH 45140
(513) 985-0400 tel
(513) 686-2672 fax

Fax form to: (513) 686-2672 fax

**DEADLINE FOR RESERVATIONS:
Monday, March 26, 2018**