

CONGREGATION AM HAYAM'S  
2019 SIXTH ANNUAL MISHLOACH MANOT

Yes, I would like to participate in the CAH Mishloach Manot Program.

**Please return by March 3<sup>rd</sup>.** Deliveries will be March 18<sup>th</sup> - March 25<sup>th</sup>.

Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Price:

1-3 Mishloach Manot \$ 18 each

4 or more Mishloach Manot \$ 15 each

Entire Congregation \$ 126

Entire Congregation plus additional Mishloach Manot is \$ 126 plus \$ 13 each additional

**I would like to order one for the whole congregation. \$ 126 \$ \_\_\_\_\_**

I would like to order a Mishloach Manot for the following CAH members: Name:

\_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

I would like to order a Mishloach Manot for the following non members: **Please circle**

Name: \_\_\_\_\_ I will Pick up Please Deliver Address: \_\_\_\_\_

Name: \_\_\_\_\_ Pick up Deliver

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Pick up Deliver

Address: \_\_\_\_\_

Please attach another piece of paper for additional orders if necessary

**I will pick up my bag from Shabbat or Purim services:**

Mar 15<sup>th</sup> \_\_\_; Mar 16<sup>th</sup> \_\_\_; Mar 20<sup>th</sup> \_\_\_; Mar 21<sup>st</sup> \_\_\_.

Total number Mishloach Manot ordered: \_\_\_\_\_ at \$ \_\_\_\_\_ each = \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Please make checks payable to **CONGREGATION AM HaYAM**

and mail to: Ruth Resnick 2578 Neptune Pl. Port Hueneme, CA. 93041