

TIFERETH ISRAEL CONGREGATION
PROGRAM RESERVATIONS & PAYMENT FORM

Please fill out form and mail to:
Tifereth Israel Congregation
145 Brownell Avenue
New Bedford, MA 02740-1654

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

Tifereth Israel Congregation member? _____ yes _____ no

Program name _____

Date _____

Number of participants _____

Price per person _____

Total cost _____

Payment method:

_____ Check number (Please enclose with this form.)

_____ Amex _____ Visa _____ MC _____ Discover

Card number _____

Expiration date (mm/yy) _____