## **AUCTION REGISTRATION FORM – Safran Hall Rededication 2015**

NAME:				
ADDRESS:				
CITY/STATE/ZIP:				
PHONE:				
# of ADMISSION TICKETS @ \$18 EAC				
EXTRA RAFFLE TICKETS:		12 @ \$10		
		25 @ \$20		<del></del>
		65 @ <b>\$</b> 50		
		135 @ \$100		
SCOTCH TASTING TICKETS:		@ \$10		
		TOTAL: _		·
submitted electronically to your accour	nethod:			
PERSONAL CHECK (ENCLOS	SED) / P	AYPAL ACCOUNT /	CREDIT CAR	<b>PD</b>
NAME (ON CARD / ACC	OUNT):			
PAYPAL EMAIL:				
BILLING ADDRESS:				
BILLING ADDRESS:				
BILLING CITY / STATE: _				
BILLING ZIP CODE:				
CARD NUMBER:				
EXPIRATION DATE:	CVV2 (3	DIGIT VISA/MC / AME	X 4 DIGIT): _	
Signature			Date	

MAIL TO: Congregation Beth Mordecai 224 High Street Perth Amboy, NJ 08861