



P.O. Box 417, Tenafly, NJ. 07670
ChavurahBethShalom.com

March 28, 2019

Dear Friends and Congregants,

We cordially invite you to our second night Passover Seder, Saturday April 20, 2019 at 6:00 pm at the **Alpine Community House, 5 Old Dock Road, Alpine, New Jersey 07620.**

Passover is a time of remembrance and renewal remembrance of those Jews in the past, who did so much to ensure that we would survive as a people and be free to celebrate our Passover Seder. It is also a time of renewal when we celebrate the exodus from slavery and our love of freedom. As we wish to preserve this freedom, it is important for us to do our part to preserve those institutions that help guarantee Jewish survival.

Our Chavurah works relentlessly to educate our children and adults to celebrate the holidays and to preserve liberal and progressive Judaism. We would deeply appreciate, indeed, we need your help to continue to grow to fulfill our task of making Judaism a meaningful and significant reality in our lives.

We are ever mindful of your continued friendship and generous support, which have enabled us to succeed and serve our community. Your past contributions have helped to offset our rising costs, while allowing us to maintain high standards as a congregation in the community.

This year we need your help more than ever and so we have inaugurated a Passover Appeal which we hope will meet with the same generous response from our members and friends as past initiatives. Whatever you contribute would be deeply appreciated and in the spirit of Passover.

Since Passover is a time when we say memorial prayers for our loved ones, please indicate the names of your dear ones and they will be read at our special memorial service along with a candle lighting.

Best wishes for a Happy and Healthy Passover,
Rabbi Nat Benjamin
201-294-8028
rabbinatbenjamin18@gmail.com

2019 Chavurah Beth Shalom Passover Appeal

Please complete this section below and submit by mail. For your convenience, we also accept Visa and MasterCard as a means of payment.

\$36 \$50 \$100 \$250 \$_____

Name on Account:	_____	Account Number:	_____
Expiration Date:	_____	CSV Code (3 digits)	_____

Signature: _____

Please help our congregation by returning this form with your check or pledge. Thank you.