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| |  |  | | --- | --- | | |  | | --- | |  | | |  | | |  | | --- | | **Pleasantville Community Synagogue participates in**  **Shabbat Across America!**  Image result for joyful shabbat    **Friday, March 4, 2016**  **Services 6:30-7:15 pm**  **Hot Kosher Dinner Follows**  At the Pleasantville Cottage School dining room at the JCCA facility,  1075 Broadway in Pleasantville (visit [www.shalompcs.com](http://www.shalompcs.com) for directions).  **Join in as the Pleasantville Community Synagogue**  **joyfully celebrates Shabbat along with**  **thousands of Jews across the nation.**  **Adults $20 ▪ Children 6-13 $10 ▪ 5 and under 5 is free**  RSVP to the synagogue office by February 26; call 769-2672,  e-mail [mgray@shalompcs.com](mailto:mgray@shalompcs.com), send or fax in the form below.  **Co-chaired by Roberta Korus and Ed Sperling**  **If you can help out, please let us know!  We're looking for a couple of good volunteers!**  -------------------------------------------------------------------------------------------------------  **SHABBAT ACROSS AMERICA**  **Friday night, March 4**  **DEADLINE to RSVP: February 26**    **FAMILY NAME(S):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **PLEASE NOTE NUMBER OF:**  **Adults\_\_\_ Children 6-13\_\_\_\_ Children 5 and under\_\_\_\_\_**  **Vegetarian entrees \_\_\_\_\_**    **\_\_\_ Check enclosed, payable to PCS, noting SAA in the memo line**  **Clip this payment form and mail to PCS, Box 148, Pleasantville, NY 10570**  **\_\_\_ Bill my credit card (credit card payments may be mailed as above or faxed**  **to the synagogue at 914-769-1795)**  **Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Exp. Date: \_\_\_\_/\_\_\_\_**  **Circle One:                   VISA         MasterCard**    **Name as it appears on card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Date \_\_\_\_\_\_\_\_\_\_\_\_\_**    **Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Amount to charge $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  | | --- | |  | | |  | |

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