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| **Pleasantville Community Synagogue participates in****Shabbat Across …****Pleasantville!**Image result for joyful shabbat **Friday, March 31, 2017****Services 6:30-7:15 pmHot Delicious 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** alongwith young adults from the JCCA Campus and Community programs**.****Adults $20 ▪ Children 6-13 $10 ▪ 5 and under is free**If you want to RSVP and pay on-line, click [here](https://www.cheddarup.com/tabs/shabbat-across-pville-2017), or go to: [**https://www.cheddarup.com/tabs/shabbat-across-pville-2017**](https://www.cheddarup.com/tabs/shabbat-across-pville-2017)**.**It’s so easy!Or RSVP by March 27 by calling PCS at 769-2672, e-mailing mgray@shalompcs.com, sending or faxing in the form on the other side.**Co-chaired by Roberta Korus and Ed Sperling**-------------------------------------------------------------------------------------------------------**SHABBAT ACROSS PLEASANTVILLE!** **Friday night, March 31** **DEADLINE to RSVP: March 27****FAMILY NAME(S):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PLEASE NOTE NUMBER OF:****Adults\_\_\_ Children 6-13\_\_\_\_ Children 5 and under\_\_\_\_\_****Vegetarian entrees \_\_\_\_\_****\_\_\_ Check enclosed, payable to PCS****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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