INCLUSION CHALLAH ORDER FORM





Month: APRIL

Support the Sabes JCC Inclusion Program by purchasing fresh challah made for you by Inclusion participants. Kosher • Parve • Delicious!



THANK YOU FOR YOUR SUPPORT!





NAME: EM			\IL:	
☐ Egg-free option	Plain \$4.00	Seed \$4.00	Raisin \$4.50	Knots (2) Specify plain or seed \$4.00
April 5				
April 12				
FORM DUE BY: Monda	ay, April 1			
Total Amount: \$		☐ Check attached ☐ Charge my JCC account (payable to: JCC Inclusion Department)		
\Box Please make this an ong	joing, weekly order			
PLEASE SELECT WHERE O	RDERING FROM: \Box	Sabes JCC □ St	. Paul JCC 🗆 Heili	cher
Return forms to: challah@	sabesjcc.org or the I	Heilicher Office		
Questions? Contact Maggi	e Dries at challah@sa	abesjcc.org or 952-3	81-3456.	

ALL PROCEEDS RETURN TO SABES JCC INCLUSION DEPARTMENT PROGRAMMING.