



Or Echad

One Light



A New Alternative to the Traditional Jewish Community

www.OrEchad.org

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Or Echad is a 501(c)(3)
Non-Profit Organization #27-2953372



Rabbi Ira & Cantor Beth

Co-Founders

Or Echad welcomes families, couples, and singles to join this warm and inclusive community.
Or Echad makes Judaism accessible to all, from expert *daveners* to beginners.
Sing, learn, pray, and share together.



John Matthew Rosenberg

Pianist, Vocalist

*Bring in the New Year with the
Or Echad Community!*

Yearly Membership Rates for 2016-2017

Membership includes your High Holy Day Tickets
and access to all Or Echad Events for the year

Adult: \$150

Youth (9-18): \$85

Child (8 and under): \$65

HomeShul Student: Free

Active Military: Free

Please contact us for special consideration.

See next page for Membership Form (includes High Holy Day Tickets)

High Holy Days Service Schedule

Rosh Hashanah

Evening Service: Sunday, Oct 2nd 7:30 PM
Morning Service: Monday, Oct 3rd 10:00 AM

Yom Kippur

Evening Service (Kol Nidre): Tuesday, Oct 11th 7:30 PM
Morning Service: Wednesday, Oct 12th 10:00 AM
Yizkor Service: Wednesday, Oct 12th 12:30 PM

All events have a supervised Children's Activity Room for arts & crafts, games & snacks!

All services will be held at The Agoura Hills/Calabassas Community Center
27040 Malibu Hills Road, Calabassas



Membership Form



We are thrilled to have you as a member of Or Echad!
This Membership **includes your High Holy Day Tickets**, access to all events for the year, and supports our Or Echad Community, and the Rabbi & Cantor.

Pricing Worksheet:

Type	How Many	Multiply By	Totals
Adult		x \$150	+
Youth (9-18)		x \$ 85	+
Child (8 & under)		x \$ 65	+
HomeShul Student		Free	+
Active Military		Free	+
		TOTAL	=

Adults' Names: _____

Name and Age(s) of Child(ren): _____

Address: _____ City: _____ Zip: _____

Phone 1: _____ Email 1: _____

Phone 2: _____ Email 2: _____

I have enclosed a check, made payable to **Or Echad**, for \$ _____

I have charged my credit card online at www.OrEchad.org for \$ _____

Please charge my VISA _____ MC _____ AMEX _____ Discover _____

Acct. # _____ Exp. ____/____ Code# _____

Amount \$ _____ Signature: _____

Please fill out this form whether you are sending a check or purchasing online.

Email to info@OrEchad.org or send by post to:

5737 Kanan Road, Suite 234, Agoura Hills, CA 91301

**You may pay by enclosing a check (payable to Or Echad),
filling out the credit card form above, or online www.OrEchad.org.**

Sponsorship Opportunities Form

Our events are made possible by you, our generous Community Members!

Please sponsor an event or make a contribution.

Your continuing support is a blessing to the community.

Name: _____

Phone: _____ Email: _____

High Holy Days

Onegs (Refreshments) - \$350:

- Rosh Hashanah Evening Rosh Hashanah Morning

The Children's Activity Room, including snacks, supplies & babysitters - \$250:

- Rosh Hashanah Evening Rosh Hashanah Morning
 Yom Kippur Evening Yom Kippur Morning

Participating in the High Holy Day services - \$118:

- Having an Aliyah on Rosh Hashanah morning Having an Aliyah on Yom Kippur morning
 Lifting and dressing the Torah on Rosh Hashanah morning
 Lifting and dressing the Torah on Yom Kippur morning
 Holding the Torah during Kol Nidre (Yom Kippur evening)
 Carrying the Torah through the community on Rosh Hashanah morning
 Carrying the Torah through the community on Yom Kippur morning

Monthly Friday Shabbat Services - \$400

- November December January February
 March April May June

Community Celebrations - \$450

- Sukkot Celebration -- 10/23 Purim Celebration & Shpiel -- 3/5
 Global Day of Learning -- 11/20 1,000 Shabbats Celebration -- TBA
 Hanukkah Celebration -- 12/11 Wine Tasting -- TBA

Make a Contribution:

Please fill in any amount of your choosing. \$ _____

I would like my sponsorship to be in honor/memory of: _____

**To sponsor an event or make a contribution, please fill out this form
whether you are sending a check or purchasing online.**

**Email to info@OrEchad.org or send by post to:
5737 Kanan Road, Suite 234, Agoura Hills, CA 91301**

Yizkor Booklet Order Form

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Or Echad would be honored to include the following names of your loved ones in our High Holy Day Yizkor Booklet for the New Year 5777. **Please include name and date of passing:**

There will also be a Mi Shebeirach list in the Yizkor Booklet for those in need of healing.
List names below:

To include my loved ones in the Yizkor Booklet, please accept my donation of:

\$18 \$36 \$54 \$72 \$118 \$144 \$180 Other: _____

I will be at High Holy Day Services to pick up my copy of the Yizkor Booklet.

I will be unable to attend High Holy Day Services this year. Please send me a copy via:

Email Post

Please fill out this form whether you are sending a check or purchasing online.

Email to info@OrEchad.org or send by post to:

5737 Kanan Road, Suite 234, Agoura Hills, CA 91301

Deadline to submit names for Booklet: September 30, 2016