

Please fill out this form as clearly as possible:
This form can be completed online at www.ChabadUC.org

Last Name:

First Name:

Phone Number:

Email Address:

Sukkot Items	Price		QTY		Total
Deluxe Lulav w/ Israeli Esrog	\$45	x		=	\$
Deluxe Lulav w/ Italian Esrog	\$85	x		=	\$
Soft Plastic Lulav Holder	\$20	x		=	\$
Hard Plastic Lulav Holder	\$30	x		=	\$

Grand Total: \$

Payment Method:

- ☐ Check - Made payable to ChabadUC
☐ Credit Card

Credit Card Details: (If applicable)

Card Type:

- ☐ Visa ☐ Mastercard ☐ Amex

Card Number:

Expiration Date:

/

Security Code:

Billing Zip Code:



Orders must be received by
Sept. 23.

The pick-up times will be
emailed to you.

Send this form by mail using the return envelope provided
or fax this form to 858.455.1443