

Temple Shaarei Shalom

Names for Book of Remembrance, 2010-5771

Please print your name(s) clearly as you would like it to appear in the Book of Remembrance:

Telephone number: _____

\$18 for the first two names

\$5 for each additional name

\$18 in memory of our Six Million Martyred Jews

Print only one name on each line, exactly as you want it to appear (professional title, if any, i.e. Dr., and name).

Listings will appear alphabetically.

Name	Amount for each name
1. _____	_____
2. _____	\$18.00 _____
3. _____	\$5.00 _____
4. _____	\$5.00 _____
5. _____	\$5.00 _____
6. _____	\$5.00 _____
7. _____	\$5.00 _____
8. _____	\$5.00 _____
9. _____	\$5.00 _____
10. _____	\$5.00 _____

For our Six Million Martyred Jews \$18.00 _____

Total Enclosed _____

Please place an asterisk(*) next to the names of those who have passed away since last Yom Kippur.

List additional names on the back of this form, enclose your check made payable to Temple Shaarei Shalom with the form and place both in the enclosed self-addressed envelope. Please do not staple or tape check to form.

Deadline for the Book of Remembrance is August 2, 2010

Thank you for your generosity.