



Honor the Memory of your Loved Ones
Names for Book of Remembrance
2018-2019
5779

Type or print your name(s) as you would like them to appear in the Book of Remembrance:

Name: _____

Telephone number: _____

Fee: \$18 for the first two names, \$10 for each additional name, \$18 in memory of our Six Million Martyred Jews

A Print only one name on each line, exactly as you want it to appear in the Book of Remembrance, (Professional title, if any, e.g. Dr., and name). Listings will appear alphabetically.

Name	Amount for each name
1. _____	\$18.00 _____
2. _____	Free with first line
3. _____	\$10.00 _____
4. _____	\$10.00 _____
5. _____	\$10.00 _____
6. _____	\$10.00 _____
7. _____	\$10.00 _____
8. _____	\$10.00 _____
9. _____	\$10.00 _____
10. _____	\$10.00 _____
For our Six Million Martyred Jews	\$18.00 _____

TOTAL Enclosed _____

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

C. Print this form and add additional names on the back, as needed.

D. Put completed form and your check made payable to "Temple Shaarei Shalom" in an envelope and send to:
Temple Shaarei Shalom, 9085 Hagen Ranch Road, Boynton Beach, FL 33472.

E. Please do not staple or tape check to form.

Deadline for the Book of Remembrance is August 30, 2019. Thank you for your generosity.