

BOOK OF REMEMBRANCE 2014

Please complete this form and email it to tbd.remembrance@gmail.com, or snail mail it to the address above with the appropriate amount. Please enclose a copy of this completed form with your check. If you have any questions, please call: Cindy Halpern at 334-5646

If you would like to include a memorial listing in the Book of Remembrance please fill in the form below. To minimize errors, please **PRINT** all names.

Person(s) to be remembered	l/additional info:	<u>Cost</u> :
1		\$12 (1/8 page) \$24 (1/8 page) \$36 (1/8 page) \$48 (1/8 page) \$60 (1/8 page)
6. 7. 8.		\$75 (1/2 page) \$75 (1/2 page) \$75 (1/2 page)
9. 10. 11.		\$100 (full page) \$100 (full page) \$100 (full page)
Remembered By: Line 1: Line 2: Line 3: Please list persons who have		August 2013 as follows:
Name:		
Name:	date	relationship
Please list names of person	s you have purchase	ed a Memorial Plaque for since August, 2012.
Name:	date	<u>relationship</u>
Name:	date	relationship
	ill be appear alphabe me printed on the lir	etically
Total enclosed:	Chec	cks should be made out to "Temple Beth David"

Forms must be returned by July 31, 2014. Thank you.