Temple Israel Sisterhood Marketing Request

Project Name______________________________________________________

Event Date(s)______________ Time______________ Location ______________________________

Event Contact ___________________________ Email _________________________________

Cell Phone ___________________________ Home Phone ________________________________

RSVP/ Info: □ Mail in  □ Online  □ Mail To: __________________________________________

Email: _______________________________ Phone ________________________________

Address _________________________________________________________________________

Event Cost: Member $____________ Non-Member $____________ At Door $____________

Graphics: □ *Needed  □ Submitted  *If needed describe what you are looking for including color scheme:

________________________________________________________________________________

Provide a brief explanation of event with any text or content to be included:

________________________________________________________________________________

□ Handout/Flyer: Size □ 1/2 Sheet □ Other Size___________ Date Needed________________________

PRINT FOR: □ Temple Distribution □ Sisterhood Distribution  Quantity___________________________

□ Postcard/Mailer: Date Needed_________________________ Approx. Quantity _____________

MAIL TO: □ Temple (all) □ Temple (Women) □ Sisterhood □ Include Non-Temple Members

□ Email: □ Temple □ Sisterhood  Send Dates (up to 3) _______________________________________

□ Messenger: Issue(s)_______________________ □ Webpage: Post Date______________________

□ Calendar: □ Temple □ Sisterhood □ Community □ Other______________________________

□ Facebook: □ Temple □ Sisterhood □ Event Post Dates/Frequency_________________________

Other Marketing Needs or Comments:

__________________________________________________________________________________

For more information, please contact Jackie Rosender at jackiesisterhood@gmail.com

Temple-Israel.org/Sisterhood