

Book of Remembrance 5784

Book of Remembrance listings and contributions must be received by **Monday, July 17, 2023.**
(Giving recommendation is \$36 per name.)

Please PRINT NAMES of your loved ones CLEARLY, exactly as you wish for them to appear in the Book of Remembrance.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Remembered by: _____
Please print your name(s) exactly as you wish for it to appear in the Book of Remembrance.

Levels of giving for the Book of Remembrance:

☐ \$1,000 ☐ \$540 ☐ \$360 ☐ \$180 ☐ \$100 ☐ \$36 ☐ other \$ _____

☐ Pay by check: enclosed is a check made payable to Temple Sholom.

☐ Pay by Credit Card: ☐ AmEx ☐ MasterCard ☐ Visa

☐ Temple Sholom is obliged to pay the bank a 3% credit card service fee. We will automatically add this fee to your payment unless you choose to opt out by checking this box.

CREDIT CARD NUMBER

NAME ON CARD

EXP. DATE

CVV

Best way to reach me if there is a question about my listing:

PHONE

EMAIL

Yahrzeit Plaque

I/We hereby contribute \$1,000 for inscription of a loved one. (PLEASE PRINT LEGIBLY)

NAME OF LOVED ONE & RELATION TO YOU

Date of Death: ____/____/____
ENGLISH MONTH / DAY / YEAR

MY MAILING ADDRESS

PHONE

EMAIL

☐ Pay by check: enclosed is a check made payable to Temple Sholom.

☐ Pay by Credit Card: See above