



YIZKOR MEMORIAL BOOK INCLUSION FORM 2024

YOUR INFORMATION (please print)

Name _____ Email _____

Address _____ Postal Code _____

Telephone Number (h) _____ (c) _____

SPONSORSHIP OPPORTUNITIES

- ☐ Page \$360 (up to 32 names) ☐ ½ page \$188 (up to 14 names) ☐ Individual names:
First name \$26; subsequent names \$18 each

YOUR ENTRY

- ☐ This is a new entry.
- ☐ Please keep my inclusion the same as it was last year. ☐ Please add the following names to my inclusion from last year.
- Please **PRINT** clearly.

Remembered by: _____

In Memory of:

In Memory of:

PAYMENT

Total amount of Sponsorships and Donations: \$_____. ☐ A cheque is enclosed.

Please charge my ☐ Visa or ☐ MasterCard

Number _____ Expiry Date _____ CSV _____

Name on card _____

SUBMISSION

- ☐ Webform: <https://www.shomayim.org/form/yizkor2024> ☐ Fax: 416-789-1728
☐ Email: coordinator@shomayim.org ☐ Mail: at the address noted below

DEADLINE MAY 6, 2024