

Roll of Remembrance

ORDER FORM

If you would like to honor the memory of a dearly departed loved one, please complete this form and return it to the Temple office or contact Sunshine Figlio at (412) 421-9715 ext. 121 or Sunshine@TempleSinaiPGH.org. We appreciate your commitment to honoring your loved ones at this year's Yom Kippur Memorial (Yizkor) Service. **Please return this form by Fri., Aug. 27.**

Please include as many names as you would like in each area.

Remembered by:

In Memory of:

Please consider one of the following donation levels:

☐ \$18 (sugg. minimum) ☐ \$36 ☐ \$54 ☐ \$72 ☐ \$108 ☐ Other \$_____

Donation Options:

- ☐ Enclosed via check made payable to Temple Sinai
☐ Credit Card (see below)

Credit Card Information: ☐ YES, I want to donate my credit card's processing fee to Temple Sinai.

Name on Card: _____

Card #: _____ Exp: _____ CVV: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Holder Signature: _____