

Submissions for New Year's Greetings and the Book of Remembrance may now be mailed to the Temple



לשנה טובה תכחכו NEW YEAR'S GREETING

Please print your name as you want it to appear in our Yom Tov Bulletin:

(Please Print) _____

Indicate your choice:

- ☐ A. May you be inscribed for a Happy and Healthy New Year. (NAME) _____
- ☐ B. 1 (NAME) wishes all her friends, relatives and neighbors a Happy and Healthy New Year
- ☐ 2 (NAME) wishes all his friends, relatives and neighbors a Happy and Healthy New Year
- ☐ C. We wish all our friends, relatives and neighbors a Happy and Healthy New Year. (NAME) _____

A minimum donation of (\$10.00) per name. _____ (Amount of check enclosed)

Contributor's Name _____ Phone No. _____

Address _____ Zip Code _____

Check List:

1. Have you checked correct spelling?
2. Is check enclosed?

3. Is listing form enclosed?

4. Is your name, address, zip code and phone listed?

5. Mail checks payable to

Temple Beth Shalom,
19140 Lyons Rd., Boca Raton, FL 33434

**SUBMISSION
DEADLINE
AUGUST 1**



לזכר עולם

BOOK OF REMEMBRANCE

Please print your name as you want it to appear in our Yom Tov Bulletin:

(Please Print) _____

Please list on this form, the names of those dear departed that you wish to memorialize and honor. Please print.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

A minimum donation of (\$5.00) per name. _____ No. of names = _____ (Amount of check enclosed)

Contributor's Name _____ Phone No. _____

Address _____ Zip Code _____

Check List:

1. Have you checked correct spelling?
2. Is check enclosed?

3. Is listing form enclosed?

4. Is your name, address, zip code and phone listed?

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**SUBMISSION
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AUGUST 1**



לזכר עולם

HOLOCAUST MEMORIAL

Please print your name as you want it to appear in our Holocaust Memorial Section of the

Book of Remembrance: (Please Print) _____

Please list on this form, the names of those dear departed that you wish to memorialize and honor. Please print.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

A minimum donation of (\$18.00) per family. = _____ (Amount of check enclosed)

Contributor's Name _____ Phone No. _____

Address _____ Zip Code _____

Check List:

1. Have you checked correct spelling?
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3. Is listing form enclosed?

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PLEASE CUT APART AND RETURN OR MAIL FORM TO THE TEMPLE OFFICE