

TEMPLE SINAI of BERGEN COUNTY

BOOK OF REMEMBRANCE FORM – HIGH HOLY DAYS 5777 / 2016

Remember your departed loved ones during the High Holy Days in the Temple Sinai Book of Remembrance. Please indicate the names you wish to include.

Please be sure this form arrives at the Temple office no later than September 1.

Departed during the past year

Names to be included in the Book of Remembrance AND read from the pulpit during the Memorial Service:

Departed in previous years

Names to be included in the Book of Remembrance

Please list the names in the order in which you would like them to appear:

Check this box to duplicate last year's listing and write "same as last year" below.

Enclosed is my tax-deductible check payable to Temple Sinai of Bergen County for: \$_____ .00.

(To be included in the Book of Remembrance, a minimum donation is \$18 is requested.)

From:

(Print the family name as you would like it to appear in the Book of Remembrance.)

Address:

Telephone:

Email: