


## BOOK OF REMEMBRANCE

*Names must be submitted **before September 8, 2023**  
in order to allow sufficient time for publication*

Please insert the following names in the Book of Remembrance:

### IN MEMORY OF: (Please print)



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### REMEMBERED BY: (Please print)

Name 

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Address 

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Phone 

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Suggested contribution of **\$18.00 per name.**

**Payments may be made by check, credit card (\$25 minimum) or online at**

<https://templemanuelsinai.shulcloud.com/payment.php>

Payment must be enclosed with this form and mailed to:

Temple Emanuel Sinai, 661 Salisbury Street, Worcester, MA 01609 (Attn: Memorial Book)

***We cannot bill for the Memorial Book.***

Amount of donation: \$ 

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 ☐ Check ☐ Visa ☐ Mastercard

Credit card number 

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Expiration date 

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 Name as it appears on card 

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\*\*\*Please use the back of this sheet if you need additional space for more names\*\*\*