


BOOK OF REMEMBRANCE

Names must be submitted **on or before September 23, 2024** to allow sufficient time for publication.

Please insert the following names in the Book of Remembrance:

IN MEMORY OF: (Please print)



REMEMBERED BY: (Please print)

Name _____

Address _____

Phone _____

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: \$ _____ Check Visa Mastercard

Credit card number _____

Expiration date _____ Name as it appears on card _____

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