

Submission Deadline: Friday, August 30, 2019

In-Memorial Request Form

PLEASE PRINT NEATLY

Your Name:	Phone:
Address:	E-mail:

My donation for \$ _____ is enclosed.

No changes or additions. Please include the names of my loved-ones, as they appeared last year.

In-Memorial

<u>Name-of-the-Deceased</u>	<u>Month-of-Passing*</u>

*If you do not know the months-of-passing for your loved-ones, their names will be printed in the *Book of Remembrance* and will be read aloud from the pulpit on *Yom Kippur*. These names will not be read aloud with the monthly *Kaddish Memorial List* during *Shabbat Services* at *Temple B'nai Sholem*.