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| **Temple B’nai Sholem. New Bern, North Carolina**  **2021 Book of Remembrance In Memoriam Request** | | |
| **Your Name:** | | **Phone:** |
| **Address:** | | **E-mail:** |
| **My Donation for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is enclosed** | | |
|  | ***No changes or additions. Include my loved one’s names as they appeared last year.*** | |
|  | ***Please mail the 2021 Book of Remembrance. I am requesting \_\_\_\_\_\_\_\_ copies.*** | |
| **In Memoriam** | | |
| **Name of Deceased** | | **Month of Passing** |
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Mail this form with your check payable to **Temple B’nai Sholem** on or before **Thursday August 12, 2021** to:

**Elga Joffee, Book of Remembrance Coordinator**

**1014 Pelican Drive, New Bern, NC 28560**

Attach additional sheets if necessary