

Book of Remembrance Participation Form

Return this form to the temple office no later than August 12, 2022

I/We have not participated in the past but would like to participate this year.
Please complete the form below.

I/We have participated in the past. Please use the list from last year.
Any changes or additions are noted in the form below.

In Memory of: [PLEASE PRINT one loved one's name per line. Couples should be listed as individuals. No Pets, please.]

1.	5.
2.	6.
3.	7.
4.	8.

Please use an additional sheet of paper if necessary.

I/We wish to dedicate a full page at \$136

I/We wish to memorialize our loved ones in list form (\$18 for the first name, and \$5 for each additional name)

In addition to my/our page or list:

Include my/our name(s) in the Bearing Witness section. Please add an additional \$10.00 to your total.

Include a child(ren) of the Holocaust. (See enclosed list).

Please add your child(ren)'s name(s) here and add \$5.00 per child to your total.

I/We would like to make an additional donation to the Book of Remembrance. Amount added \$ _____

Name(s): _____

Use this phone number for Questions: ____ (____) _____

Total Donation: \$ _____ Your check or credit card information must be submitted with this form.

Visa MasterCard Discover Check \$ _____ (payable to Temple Torat Emet)

Please charge my credit card number: _____ Exp. Date _____

CVV Code: _____ Signature: _____

**There will be a 3% convenience fee assessed for credit card charges.

Thank you for your generosity to our synagogue, in gratitude for the life and love of your dear ones.

FINAL DEADLINE: AUGUST 12, 2022