DONATION FORM

Donor Name:		_Card to:				
Street:		Street: _			_	
City:		_ City:				
State: Zip		_ State: _	Zip:			
Inscribed Book [] High Holiday N [] Siddur Or Sha	lahzor \$20.00		Engraved Plaques [] Tree of Life [] Yahrzeit [] Memorial Plaque			
State wording for High Holid	<u>ay Mahzor</u> or Sid	dur Or Sh	alom Book Plates:			
In Memory Of:			_ By:			
In Honor Of:			_ By:			
Other:						
State wording for Tree of Lit	e Leaves:					
In Honor Of:			_ By:			
Other:						
For Yahrzeit Plaques						
Name of Deceased	<u> </u>					
Hebrew Name	Ben	(son of) _	Bat (daught	er of)		
Date of Death Memorial Plaques (non Je		I the Deat	h occur in the evening)? [] yes	[] no	
Name of Deceased						
Date of Birth	Date	Date of Death				
Rabbi Greenberg Scholars	hip: Donation an	nount:		-		
Hebrew School:	Donation an	Donation amount:				
<u>Kiddush</u> :	Donation: \$	Donation: \$100 for a basic Kiddush, \$125 with Lox				

Make checks payable to: **Temple B'nai Shalom** Mail to: Temple B'nai Shalom, 41 Storrs Ave, Braintree, MA 02184 Questions: email us at inquiries@tbsbraintree.com