

**Temple Beth Miriam  
180 Lincoln Ave.  
Elberon, NJ 07740  
Please return by August 15, 2019**

Name \_\_\_\_\_

Address \_\_\_\_\_

**KINDLY PRINT AS FOLLOWS IN  
THE BOOK OF REMEMBRANCE  
If information is the same as last year  
indicate "SAME"**

**IN MEMORY OF**

<b>Name</b>	<b>Relation</b>
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_____	_____
_____	_____
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**Suggested Minimum Donation \$54.**

**In memory of the dearly departed,  
I enclose my donation of \$ \_\_\_\_\_  
as a contribution to the  
Congregation.**

**If death occurred since last Yom  
Kippur, kindly check ( ) opposite name.**