

**The Honors & Remembrances Book - 5777**  
**Filled With Love & Memories**

**ORDER FORM (Please fill out both sides of the form)**

Honor those who hold a special place in your memories, and honor those who hold your hopes for the future

- To Participate – (1) Email info to [newyear@bisrael.com](mailto:newyear@bisrael.com) & you will be billed**  
**OR (2) Complete & Mail this Order Form (with check or you may be billed) to:**  
**Congregation B'nai Israel, P.O. Box 345, Emerson, NJ 07630**  
**OR (3) If you wish to be BILLED, just fold the form, add a stamp, SEAL WITH TAPE, & mail it!**  
**(Remember: If enclosing a check, please mail this form in an envelope along with the check.)**

**Participation Deadline: Tuesday, August 23<sup>rd</sup>**  
**Cost per name (not per line): \$7.00**

**REMEMBER THOSE WHO ENRICHED YOUR LIFE WITH LOVE AND BEAUTY, KINDNESS AND COMPASSION,  
 THOUGHTFULNESS AND UNDERSTANDING**

Remember departed friends and family members whom you will forever hold dear to your heart.  
 Donation: \$7.00 per name remembered  
 Remembered by: \_\_\_\_\_  
 In memory of  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remember departed friends and family members who were lost during the Holocaust.  
 Donation: \$7.00 per name remembered  
 Remembered by: \_\_\_\_\_  
 In memory of  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HONOR THOSE SPECIAL IN YOUR LIFE**

Honor your loving children with wishes for the future.  
 Donation: \$7.00 per name honored  
 Honored by: \_\_\_\_\_  
 Son's and/or Daughter's name(s)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Honor your loving grandchildren & great grandchildren with wishes for the future.  
 Donation: \$7.00 per name honored  
 Honored by: \_\_\_\_\_  
 Grandson's and/or Granddaughter's name(s)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Honor your loving parents and grandparents with wishes for the future.  
 Donation: \$7.00 per name honored  
 Honored by: \_\_\_\_\_  
 Parent's and/or Grandparent's name(s)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Honor your clergy, educators, relatives & friends with wishes for the future.  
 Donation: \$7.00 per name honored  
 Honored by: \_\_\_\_\_  
 Individual/Title name(s)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Order Form Deadline: August 23, 2016**

Questions: Contact Joe Rosenthal at [newyear@bisrael.com](mailto:newyear@bisrael.com) or (917) 658-3303

**FILL OUT BOTH SIDES OF THIS FORM**

**Order Form Submission Deadline: Tuesday, August 23<sup>rd</sup>.**

I/WE WOULD LIKE TO PARTICIPATE AS INDICATED: (You can also email your submission to [newyear@bisrael.com](mailto:newyear@bisrael.com))

# _____	of Memorial Name Listings @\$7	\$ _____
# _____	of Holocaust Memorial Name Listings @\$7	\$ _____
# _____	of Children's Name Listings @\$7	\$ _____
# _____	of Grandchildren's, etc. Name Listings @\$7	\$ _____
# _____	of Parent's/Grandparent's Name Listings @\$7	\$ _____
# _____	of Clergy's, Educator's Name Listings @\$7	\$ _____
	<b>TOTAL:</b>	\$ _____

\_\_\_\_\_ Bill my account    \_\_\_\_\_ Check enclosed    Make check payable to "Congregation B'nai Israel"

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**

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From:

Place  
stamp  
here

**Congregation B'nai Israel**  
**P.O. Box 345**  
**Emerson, NJ 07630**

**Attn: Honors & Remembrance Book 5777**