

BOOK OF REMEMBRANCE

This is the time of year when we plan for our annual "BOOK OF REMEMBRANCE" in which we honor and memorialize our departed family members. Since there are many congregants who leave for the summer months, and will want to have a listing in the book, we ask that you fill out the form below and send it in as soon as possible.

A completed form, even if your information has not changed, must be included with your payment and be received no later than:

MONDAY, SEPTEMBER 2, 2025

Return with your check payable to Sun Lakes Jewish Congregation to:
Marty & Marsha Levine, 3805 E. County Down Dr., Chandler, AZ 85249

Questions call: 480 802 8911 or 908 216 0848

USE SEPARATE CHECK FOR MEMORIAL - DO NOT INCLUDE WITH OTHER CONGREGATIONAL DUES

NAMES WILL BE COUNTED, NOT LINES. EACH NAME ON A LINE WILL BE COUNTED INDIVIDUALLY.

Prices for the publication are as follows

One quarter page	\$18.00	one to ten names
One half page	\$36.00	one to fifteen names
Full Page	\$72.00	one to twenty names

BOOK OF REMEMBRANCE

PLEASE CHECK BOX THAT APPLIES TO YOUR MEMORIAL

- NO CHANGES AT ALL IN PREVIOUS MEMORIAL.
- CORRECTIONS, DELETIONS OR ADDITIONS TO A PREVIOUS MEMORIAL.
MAKE CHANGES ON SEPARATE PAPER AND SEND WITH FORM.
THIS IS NOT CONSIDERED A NEW MEMORIAL.
- *****
- BRAND NEW MEMORIAL. PRINT NAMES ON SEPARATE PAPER & MAIL WITH FORM.
MONTH AND YEAR OF DEATH IS NOT INCLUDED IN THE BOOK OF REMEMBRANCE.
THIS INFORMATION IS TO BE INCLUDED WITH YOUR MEMBERSHIP FORM.

Amount Enclosed:

_____ \$18.00 [¼ page] _____ \$36.00 [½ page] _____ \$72.00 [full page]

PRINT YOUR NAME[S] EXACTLY AS YOU WISH IT TO APPEAR IN YOUR MEMORIAL

By _____

Phone and/or email address: _____

Please provide this information so that we may contact you if there are any questions.