



MASTIC BEACH HEBREW CENTER
Congregation B'nai Shalom



HIGH HOLIDAY
MEMORIAL BOOK

◆ **Number of Names** _____ \$ _____ (\$5.00 each name)

Name(s) of Deceased and Relationship to:

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

Please mail payment and form to:

Mastic Beach Hebrew Center
P.O. Box 287
Mastic Beach, N.Y. 11951

*To have names placed in the 2010 Memorial Book,
please submit payment and names by **September 1, 2010.***