

**MASTIC BEACH HEBREW CENTER, INC.
CONGREGATION B'NAI SHALOM**

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*Rabbi David Altman
Cantor Dr. Harris Cohen
Rabbi Emeritus Cy Lowenheim*

***Please fill out this form and return it at your earliest convenience.
By doing this, you will be helping us update our mailing and email lists.***

NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

PHONE NUMBER 1: (_____) - _____ - _____ (HOME)

PHONE NUMBER 2: (_____) - _____ - _____ (CELL)

EMAIL: _____

Name

Birthday

Anniversary

Name of Deceased

Date of Death

Relationship

**You can mail this to the above address, email to Helaineq@gmail.com,
or drop it off at Helaine Quintero's office mail box. *Thank you***