

First line (choose one) :

in memory of     in honor of     a gift from



Second line (please PRINT clearly) :

name of honoree: \_\_\_\_\_  
.....

your name: \_\_\_\_\_

address: \_\_\_\_\_  
\_\_\_\_\_

phone: \_\_\_\_\_ email: \_\_\_\_\_



Please return this form with \$108 payment to your hosts or mail to:

Temple Shalom of Northwest Arkansas  
Post Office Box 3723 Fayetteville AR 72702  
(479) 973-2702 or [contact.shalom@gmail.com](mailto:contact.shalom@gmail.com)