



## CONTACT INFORMATION

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Attendees:

\_\_\_\_\_  
\_\_\_\_\_

## SPONSORSHIP & TRIBUTE OPPORTUNITIES

- |  |  |
|--|--|
| <input type="checkbox"/> Whole Note Sponsorship/Business Tribute – \$360   | <input type="checkbox"/> Family Message (up to 75 characters) – \$36                                       |
| <input type="checkbox"/> Half Note Sponsorship/Business Tribute – \$200    | <input type="checkbox"/> Family Name Listing – \$18  |
| <input type="checkbox"/> Quarter Note Sponsorship/Business Tribute – \$125 | <input type="checkbox"/> Donate Custom Amount \$ _____   |
| <input type="checkbox"/> Full Page Tribute – \$180                         | <input type="checkbox"/> I/We cannot attend, but would like to make a donation in Sherry's honor: \$ _____ |
| <input type="checkbox"/> Half Page Tribute – \$100                         |  |
| <input type="checkbox"/> Quarter Page Tribute – \$50                       |  |

## PAYMENT INFORMATION

Total people attending at \$36 per person \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ Check is enclosed, payable to Temple Emanu-El

\_\_\_\_\_ Charge my credit card:  Visa  Mastercard

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

CVC #: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Information if different than above:

Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Send form and payment to:** Temple Emanu-El • Attn: Sherry's 25th  
P.O. Box 288 • Waterford, CT 06385

**Please contact Temple Office with questions: [office@tewaterford.org](mailto:office@tewaterford.org) or 860-443-3005**