

ARMED FORCES SHABBAT *at Temple Beth-El* RSVP

If you or an immediate family member served in the Armed Forces of the United States or the State of Israel, please complete this form and return to Temple office by **November 3rd**.*

Your Name: _____

Name of Veteran: _____

Branch of Service: _____

Dates of Service (if known): _____

You are encouraged to bring a framed photo of the veteran from his or her service days for display on a special table in the rear of the Social Hall. (Please label photograph)

**All responses received by November 3rd will have the veteran's name listed in the program.*

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Donations to help off-set the costs of the Armed Forces-Simcha Shabbat Shul luncheon are very much appreciated.

Please indicate total number of people staying for lunch _____

Please accept this donation in the amount of \$ _____

In Honor of _____

In Memory of _____

Thank you,
Nancy Kaplan, Chair
TBE Israel Affairs Committee

THE
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FOUNDATION

TEMPLE BETH-EL

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