

# TEMPLE BETH ISRAEL - BULLETIN REQUEST (FOR ARTICLES ONLY)

Please return completed form to: Temple Beth Israel – 567 Bay Isles Rd. Longboat Key, FL 34228

## CONTACT INFORMATION

Today's Date: \_\_\_/\_\_\_/\_\_\_\_\_ NEW  CHANGE

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Month(s) that ARTICLE is to be published: \_\_\_\_\_

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

Requestor Group: \_\_\_\_\_

## ARTICLE INFORMATION/CHANGE

ARTICLE Information/ARTICLE Change (**Please attach Article if available**):

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**\*REQUEST MUST BE SUBMITTED BY 4:00 PM ON THE 5<sup>th</sup> DAY OF EVERY MONTH.**

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(Office Use Only Below This Line)

Approved: YES / NO    Date: \_\_\_/\_\_\_/\_\_\_\_\_

If NO, specify reason: \_\_\_\_\_

\_\_\_\_\_

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*Allan Goldfarb, VP of Administration / Barbara Pressman - Advertising Manager*