

TEMPLE BETH ISRAEL - BULLETIN REQUEST (FOR COUPONS 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 COUPON is to be published: _____

Requestor Name: _____

Requestor Group: _____

COUPON INFORMATION/CHANGE

COUPON Information/COUPON Change (Please attach coupon info if available):

(Office Use Only Below This Line)

***REQUEST MUST BE SUBMITTED BY 4:00 PM ON THE 5th DAY OF EVERY MONTH.**

Approved: YES / NO Date: __/__/_____

If NO, specify reason: _____

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