



January 31, 2012

In just a few short weeks, we will be celebrating Purim.

We hope you will honour your friends and family with a donation from Shaar Shalom. For a donation of \$10.00 or more, you can mark this special occasion, while at the same time supporting your Shul. Your contribution may be directed to any of the funds currently existing in the Shul or feel free to contact us to create your own endowment fund.

For your added convenience, there are four easy ways to place your order:

- 1) We have provided you with an order form on the reverse that may be printed and faxed to us at (905) 889-1575;
- 2) Order by calling the synagogue office at (905) 889-4975;
- 3) E-mail your order to office@shaarshalom.ca; or
- 4) Order on line at www.shaarshalom.ca/donations.

We ask that you place your orders no later than February 28, 2012 to ensure that your Mishloach Manot letters are mailed in time for the beginning of Purim on March 7, 2012.

Place your order(s) by February 28th, 2012 for only \$10.00!

If you would like to take part in our reciprocal donation program for Purim, we will ensure that any contributions made in your honour are automatically returned in kind. If you are interested in participating in this donation program, please complete the required information on the reverse side of this form.

Thank you for supporting your shul.

Sincerely,

Rosalie Antman
Tribute Program

P.S. If you have any questions about your order, please contact Mel Fishman, Executive Director, at 905-889-4975 ext. 24, mfishman@shaarshalom.ca or Rosalie Antman at [rantman@shaarshalom.ca](mailto:rantoman@shaarshalom.ca).

MISHLOACH MANOT TRIBUTE REQUEST

2 Simonston Blvd., Thornhill, Ontario, L3T 4L1 905-889-4975 Fax: 905-889-1575
www.shaarshalom.ca



SHAAR SHALOM SYNAGOGUE

Personal Information of Sending Family:

LAST NAME	
FIRST NAME	
ADDRESS	
CITY and POSTAL CODE	
PHONE NUMBER	

Please include me in the Reciprocal Donation Program YES NO

VISA # _____ EXPIRY DATE _____

MASTERCARD # _____ EXPIRY DATE _____

AMERICAN EXPRESS # _____ EXPIRY DATE _____

TOTAL AMOUNT PAID \$ _____

Recipient List:

LAST NAME	
FIRST NAME	
ADDRESS	
CITY and POSTAL CODE	

LAST NAME	
FIRST NAME	
ADDRESS	
CITY and POSTAL CODE	

LAST NAME	
FIRST NAME	
ADDRESS	
CITY and POSTAL CODE	