

**Sisterhood of Temple Sinai**  
**Shalach Manot Order Form**  
**Please return by March 1**

Your name: \_\_\_\_\_

Your email: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

- ☐ I want to help pack Shalach Manot on Sunday, March 9. Please call to remind me.
- ☐ I can pick up Shalach Manot bags either Sunday, March 9 to Friday, March 14. All deliveries to be completed by Friday, March 14. (No more than 8 deliveries per volunteer driver) Please call to remind me.

**Send to all Temple Sinai members @ \$180 = \$\_\_\_\_\_**

**OR**

Number of packages \_\_\_\_\_ @ \$8 each = \$\_\_\_\_\_

**AND**

Number of Shalach Manot to Israeli soldiers  
and victims of terror \_\_\_\_\_ @ \$8 each \$\_\_\_\_\_

**TOTAL = \$\_\_\_\_\_**

Payment method: ☐ Check enclosed (Payable to Sisterhood of Temple Sinai)  
☐ Bill me

Please note that due to prohibitive mailing costs, temple members living outside of NJ will only receive Shalach Manot greeting cards bearing the names of donors.

Please mail or fax your order by **March 1** to:

**Temple Sinai**  
**Shalach Manot Program**  
**1 Engle Street**  
**Tenaflly, NJ 07670**

Tel.: 201-568-3035

Fax: 201-568-6095