



Join and Celebrate...

Your Temple Beth David
SISTERHOOD

"Sisterhood Matters!"



[Please Print or Type]

Name: _____

Address: _____
Street City State Zip

Phone: (____) _____ Email: _____

Text: Yes Birthday: ____ / ____ Anniversary: ____ / ____ / ____
No mm dd mm dd yr

Interests / Talents: _____

Annual Membership (Required for membership) _____ \$36

Donation (additional donation with much gratitude!)

\$18 \$36 \$54 Other \$ _____ \$ _____

*Total Enclosed \$ _____

Please enclose your check made out to **TBD Sisterhood*

Return/Mail to:

Temple Beth David Sisterhood ✦ 6100 Hefley Street ✦ Westminster, CA 92683

We look forward to a wonderful year with you!