



**Temple Beth El's  
CALENDAR 2008-2009 - 5769**

June 2008 27 Iyar 5768 - 27 Sivan 5769

Temple Beth El  
350 Roxbury Road, Stamford, CT 06902  
Phone: 203-322-6901  
www.tbe.org

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 Yom Yizkor	3	4 Beth Cholim Sim	5	6 11:05	7 11:05
8 11:06	9 Shabbat - Day 1 11:06 Day Two Eve Ends 9:14	10 Shabbat - Day 2 11:06 Day Two Eve Ends 9:17	11	12	13 11:08	14 11:08
15	16	17	18	19	20 11:10	21 11:10
22	23	24	25	26	27 11:11	28 11:11
29	30					

So many of you have requested a calendar filled with Jewish holidays, candle lighting times, yahrtzeit dates, Bar & Bat Mitzvah dates, birthdays, anniversaries and TBE events so...

**HERE IT COMES!**

The calendar will be distributed mid-September to our entire membership. Entries are \$18 each; 3 listings for \$50; 10 listings for \$100 with larger contributions welcome. Bar/Bat Mitzvah dates will be entered at no cost.

Please complete the form below and return it to the Temple office by **THURSDAY, JULY 31<sup>st</sup>**.

**PLEASE PRINT CLEARLY!**

**BIRTHDAYS**

**NAME**

_____
_____
_____
_____

**ANNIVERSARIES**

**NAMES**

_____
_____

**YAHRTZEITS**

**NAME**

**ENGLISH DATE**

**HEBREW DATE**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**BUSINESS and PROFESSIONAL LISTING - \$18 each**

Business telephone number to be used: \_\_\_\_\_

- |                                       |                                     |                                       |                                       |
|---------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Attorney     | <input type="checkbox"/> CPA        | <input type="checkbox"/> Consultant   | <input type="checkbox"/> Dentist      |
| <input type="checkbox"/> Insurance    | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Physician    | <input type="checkbox"/> Podiatrist   |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Realtor    | <input type="checkbox"/> Travel Agent | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Other _____  |                                     |                                       |                                       |

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_  
Return to: Temple Beth El, 350 Roxbury Rd.,  
Stamford, CT 06902  
Questions? Contact Mindy Rogoff at 322  
-6901, ext. 301 or office@tbe.org.