

**Temple Israel, Sharon, Massachusetts**

Permission to post on Temple Israel Remembrance website

Instructions: Complete 1, 2, 3 or 4 and be sure to sign and date the form and  
Leave or mail to:

Aaron Ginsburg,  
Holocaust Committee  
Temple Israel  
PO Box 377  
Sharon MA 02067

My name is (please print) \_\_\_\_\_

1) I grant permission for Temple Israel (or its successor) of Sharon to post the Holocaust remembrance I have composed about \_\_\_\_\_ on the Temple website. I retain the copyright. I understand that the remembrance may be edited for reasons of length, accuracy, style, or privacy.

2) I grant permission for Temple Israel (or its successor) of Sharon to post the Holocaust remembrance I have composed about \_\_\_\_\_ on the Temple website with the following modifications attached. I retain the copyright. I understand that the remembrance may be edited for reasons of length, accuracy, style, or privacy.

3) I do not wish to give permission at this time. If selecting 3, initial here \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ e-mail/phone \_\_\_\_\_

4) Contact me. I have some questions. Name: \_\_\_\_\_  
Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Use the back or additional paper for more information about your remembrance, sources, and any comments.