



MOTHER'S DAY TRIBUTE

(Honorees will be listed in the May 2023 Bulletin*)



On this upcoming Mother's Day,
Sisterhood would like to display,
Our love for those women who day by day,
Have made life sweeter in many a way.



Twelve dollars for the **FIRST NAME** you list,
Be it your mom, grandma, aunt or niece,
Additional names thereafter will cost
A mere five dollars apiece.

There's room to **HONOR** whomever you choose
The listing has no clear end,
A sister, a daughter, a daughter-in-law,
Perhaps even a friend.

And if a **MEMORIAL** is what is desired
For those whom we have loved and admired,
Their names will be respectfully recorded.
Their memories, thereby, lovingly rewarded.

You don't have to be a member of Sisterhood to participate in the Mother's Day Tribute
We all have women in our lives who are deserving of honor.

Please **print** all names legibly

Donor _____

Names of Honorees:

_____	_____
_____	_____
_____	_____

Names to Be Memorialized:

_____	_____
_____	_____

COST: \$12.00 for first name, \$5.00 for each additional name (see below **)
Please make check payable to **Sisterhood TBI**

Mail to: TBI
Elaine Berger / Laura Cooper
3601 W. Dempster St.
Skokie, IL 60076
***Attention:** Mother's Day Tribute

Your Name: _____ Phone Number: (____) _____

Email Address: _____ Amount of check: \$ _____

** In order for the names to appear in the May bulletin, this sheet must be received no later than **April 8, 2022**.
If you would like Honorees who are not TBI members to receive notification of this tribute, please list name(s) and address(es) on the reverse side. Please provide addresses even if you have honored someone in previous years.

*****NEW this year:** ECards will be emailed to TBI members if an email address is provided. (see bottom of reverse)

(Over)



Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

*TBI Member Name _____

*TBI Member Name _____

email Address _____

email Address _____