



1641 N. Forest Road  
Williamsville, NY 14221  
716-838-3232  
office@btzbuffalo.org

---

I, \_\_\_\_\_ am borrowing \_\_\_\_\_ of  
Print name # of books

**Mahzor Lev Shalem** from Temple Beth Tzedek.

I acknowledge that if the book(s) are destroyed, lost, damaged or for any reason not returned, I am responsible to reimburse Temple Beth Tzedek the full cost of replacement of said book(s).

The book(s) will be returned to Temple Beth Tzedek either on Thursday, October 15th from 6:30 - 8:30 pm or Sunday, October 18th from 10:00 am - 12 noon.

Signed \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_