## TOOMER FAMILY REUNION

c/o Floyd M. Riley 104 Sweet Bay Avenue Sicklerville, N.J. 08081 609 561 5472

March 6, 2015

## Dear Family Member:

We are preparing a souvenir journal to be distributed during our Celebration of the Family which will occur July 24 and 25, 2015. It will be available to all family members at a reasonable cost.

To assist with printing costs, we are selling ads which will be included in the journal. Ads may be congratulatory in nature, in memory of a loved one, a promotion for a business, etc. You may also include a photo in your ad if you so desire.

Ads are available in several sizes.

FULL PAGE (8 ½ x 11) \$50.00 HALF PAGE (8 ½ x 5½) \$30.00 QUARTER PAGE \$15.00

Please complete and submit the enclosed form by June 20, 2015 if you plan to participate.

Sincerely,

Floyd

## 2015 Toomer Family Journal ADs

Name		Phone #		
Address				
	Ad Information			
		te check or Money Order payable to:		
Floyd M Riley, Patricia Washington or Bernice Sullivan				
c/o Floyd M. Riley, 104 Sweet Bay Avenue, Sicklerville, N.J. 08081. Deadline for Ads is June 20, 2015.				
<u>Quanti</u>	t <u>y</u>	<u>Price</u>		
	Full Page Ad at \$50.00	each = \$		
	Half Page \$30.00	each = \$		
	Quarter Page \$15.00	each = \$		
		TOTAL \$		



## **UPDATE FORM**

Please use this form to record any information concerning births, deaths, marriages, divorce, adoptions, graduations, etc. which have occurred since September 1, 2010. This will allow us to keep an accurate record of our family's growth. Complete and return *immediately* to: Floyd M. Riley, c/o Toomer Family Reunion, 104 Sweet Bay Avenue, Sicklerville, NJ 08081

NAME OF INFORMANT		DATE		
B				
<b>B</b> IRTHS				
Child's Name		Sex		
Date of Birth	Hospital			
City	County	State		
Mother	Father	-		
Child's Name		Sex		
Date of Birth	Hospital			
City	County			
Mother	Father			
ADOPTIONS				
Child's Name		Sex		
Date of Birth	Hospital			
City	County	State		
Mother	Father			
MARRIAGE / DIVORCE (CIRCLE ONE)				
Husband				
Wife				
Date of Event	Location			
City	County	State		

DEATH					
Name	Cause	}			
Date of Death	Location				
City	County	State			
Cemetery	City/State	3			
DEATH					
	2				
Name	Cause				
Date of Death	Location				
City	County	State			
Cemetery	City/State				
GRADUATIONS	HIGH SCHOOL / COLLEGE (CIRCLE ONE)				
Name					
Date		Major			
Name of School					
Location	De	Degree			
Awards/Scholarshi					
HIGH SCHOOL / COLLEGE (CIRCLE ONE)					
Name					
Date	Major				
Name of School					
Location	Degree				
Awards/Scholarshi	ps				
HIGH SCHOOL / Co	OLLEGE (CIRCLE ONE)				
Name					
Date	N	ajor			
Name of School					
Location	De	gree			
Awards/Scholarshi	ps				

OTHER — FEEL FREE TO SEND ANY OTHER INFORMATION, RELATING TO YOUR FAMILY MEMBERS, WHICH YOU WOULD LIKE TO SHARE WITH EVERYONE.