

Name of person completing this form _____

5778 Yizkor Book of Remembrance

If you wish to have one or more names listed in the *Book of Remembrance*, please complete and return this form to Beth David before **Monday, September 11, 2017**. This date is important to ensure the availability of the book for Yom Kippur. We regret that we are unable to accept names after that date.

Contributions are voluntary and the amount is left to your discretion.

Use the reverse side if additional space is needed.

In memory of _____,
_____,
_____,

Remembered by: _____
as you want your name listed in the book

Yahrzeit Information

If you observe a yahrzeit for which you are currently not being notified by us we need to know. Please indicate below so we can begin to inform you annually. If more space is needed use the reverse side.

Name of deceased: _____

English date of death: _____ Observe on _____ Secular or _____ Hebrew date

Relationship and to whom: _____

Perpetual Memorial

Bronze memorial plaques inscribed with the name and date of death of your loved one(s) are available to commemorate yahrzeits. They are displayed on the walls of the Sanctuary, and during the week of the yahrzeit your plaque is moved to the back of the Sanctuary and displayed on a Memorial Wall with the other yahrzeits for that week. This is a wonderful way to remember a loved one. The cost of each plaque is \$500.

Name of deceased _____ English date of death: _____
as you would like it to appear on the plaque

Name of deceased _____ English date of death: _____
as you would like it to appear on the plaque

Name _____ Best phone number _____

In their memory, I make this contribution to Beth David Reform Congregation: \$ _____

I am purchasing _____ plaque(s) for \$500 each: \$ _____

Enclosed with this form is my contribution of \$ _____

Please bill my account \$ _____

FOR OFFICE USE:

Date Received _____ Donation \$ _____ Credit Card Check # _____ Check Date _____