

Member Names: _____ Daytime Phone: _____

Complete & attach to the Payment Summary sheet.

RETURN BY: September 12, 2008

MEMORIAL SCROLL REQUEST FORM

Guidelines for Listing on the Memorial Scroll:

Suggestions for Listing: Parents/parent substitutes, spouses, children, siblings, other relatives, any congregant.

Not Eligible for Listing: Historical or public figures – no matter how noteworthy.

How Listed: Name and date of death according to the Hebrew calendar (no titles, degrees, honors, etc.).

Non-Jewish Memorials: Congregants have the option of listing non-Jewish relatives who meet the above criteria.

Timing of Display: Seven columns of days will be displayed each week during the Friday night services.

Names shall be displayed in perpetuity for a one-time fee of \$125.00 per name.

Any additional contributions will be greatly appreciated.

Name(s) To Be Inscribed <i>(Please PRINT or TYPE clearly)</i>	English Date of Death <i>Month/Day/Year</i>	Relationship To You
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Number of names to be inscribed: _____ @ \$125.00 per name. Total amount enclosed: \$ _____

2008 Yizkor Remembrance Book 5769

There is no fee for inscribing names in the *Yizkor Remembrance Book* distributed at the Yom Kippur service. If you wish to make a contribution, please consider the traditional offering of \$18.00, which is symbolic of **“Life”** or **“Chai.”** All donations would be greatly appreciated and would help defray the cost of this project.

[PLEASE put both names of a deceased couple on the same line and PRINT CLEARLY.]

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

YAHARZEIT REMINDER CARD REQUEST

NOTE: The mailer list for the yahrzeit reminder card continues year to year.

Complete this form ONLY if you have new yahrzeits or are a new or returning member.

If you would like to receive notification of your yahrzeit date(s) each year and/or have the Rabbi read the names during the appropriate Shabbat service, please complete this form and return it to the temple office.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATES</u>		<u>PLEASE READ</u>
		<i>English</i>	<i>Hebrew</i>	
1. _____	_____	______	_____	<input type="checkbox"/>
2. _____	_____	______	_____	<input type="checkbox"/>
3. _____	_____	______	_____	<input type="checkbox"/>
4. _____	_____	______	_____	<input type="checkbox"/>