

**CHABAD LUBAVITCH of SOUTHWEST FLORIDA  
CONGREGATION BAIS SHMUEL**

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Dear Friend:

As the High Holy Days approach we find ourselves reflecting on the memories of our loved ones and how they touched our lives. Thus, the obligation of Yizkor is paramount in our minds. In order to perform this Mitzvah of remembrance and honor the memory of those who are gone, Chabad is publishing its Annual High Holy Days Memorial Book. This book includes not only the names of our dearly departed but also the Yizkor prayers used for services on Yom Kippur and throughout the year on Shemini Atzeret, Passover and Shavuot.

For those whom you wish to memorialize, please take a moment to complete the form below. Return it along with your check made payable to Chabad Lubavitch of SW Florida for a suggested amount of \$54.00 per name \$100 per Family. Please email, Fax or Mail your form responses must be received by August 24, 2018 to meet our deadline. An entry includes: 1) your name, 2) the name(s) of people you're memorializing, and 3) OPTIONAL - your relationship to the person you're memorializing (mother/brother, etc.).

If you are fortunate enough not to have lost a family member, we invite you to include your name in our High Holy Days Memorial Book in memory of our fellow Jews who perished in the Holocaust or someone whom you have cherished. Should you have any questions, please feel free to call 239-433-7708. Thank you for your support. Kindly respond by August 24, 2018

L'Shana Tova,  
Memorial Book Committee

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**YIZKOR MEMORIAL BOOK ENTRY FORM**

a) ENTRY (use the back if necessary)

Your name(s) as you wish it/them to appear: \_\_\_\_\_

names of people you wish to memorialize                      relationship (if you wish this to be included)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) PAYMENT

\_\_\_\_\_ I have enclosed a check for: [ ] \$54. [ ] \$100. [ ] \_\_\_\_\_ (enter amount)

\_\_\_\_\_ Please charge my credit card for \_\_\_\_\_ (enter amount)

[ ] MC [ ] VISA [ ] DISCOVER [ ] AMEX

CARD # \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_