

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

5620 Winkler Road, Fort Myers, Florida 33919
(239) 433 - 7708 * (888) 768 - 2921 (fax)
e-mail: Info@chabadswf.org * http://www.chabadswf.org

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 28, 2019 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 28, 2019

L'Shana Tova,
Memorial Book Committee

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 _____