

B"H



Chabad Jewish Center  
of Royal Palm Beach

129 Sparrow Drive  
Royal Palm Beach, FL 33411  
Phone: 561.225.1766  
Fax: 561.225.1767  
Email: [Info@JewishRoyalPalm.com](mailto:Info@JewishRoyalPalm.com)

## Yizkor Booklet Form

Dear Friend,

Yom Kippur, the first of four annual Yizkor services, will soon be upon us. The Yizkor prayers are said in the Synagogue on Yom Kippur, the Day of Atonement and on the last day of each of the Festivals of Passover, Shavu'ot and Sukkot. In these prayers we ask G-d to 'remember' the souls of family and friends who have passed away. Yizkor, to remember, also provides us with a special opportunity to connect with our loved ones.

***We can ensure that your loved ones are indeed remembered at these four times.***

Memory is especially powerful when the past can be an inspiration. When we remember them in our physical life, their life is not just a passive memory, but becomes active and eternal. For those who have passed on, they merit the continuous impact in both the physical world and the spiritual world.

For this reason part of the Yizkor service includes a pledge to *tzedakah*, charity, a mitzvah done on behalf of the deceased's soul. With this in mind, we will once again be creating a Yizkor booklet including the names of our loved ones. Each name will be included for \$18 (chai).

To participate, please fill out the other side of this form by Thursday, August 30, 2018 accompanied by \$18 per name you wish to include.

# Yizkor Booklet Form

(Please print clearly)

1. Loved one: \_\_\_\_\_  
Loved one's full name  
(Use Hebrew names if known)      \_\_\_\_\_  
Loved one's mother's name
2. Loved one: \_\_\_\_\_  
Loved one's full name  
(Use Hebrew names if known)      \_\_\_\_\_  
Loved one's mother's name
3. Loved one: \_\_\_\_\_  
Loved one's full name  
(Use Hebrew names if known)      \_\_\_\_\_  
Loved one's mother's name
4. Loved one: \_\_\_\_\_  
Loved one's full name  
(Use Hebrew names if known)      \_\_\_\_\_  
Loved one's mother's name
5. Loved one: \_\_\_\_\_  
Loved one's full name  
(Use Hebrew names if known)      \_\_\_\_\_  
Loved one's mother's name
6. Loved one: \_\_\_\_\_  
Loved one's full name  
(Use Hebrew names if known)      \_\_\_\_\_  
Loved one's mother's name
7. Loved one: \_\_\_\_\_  
Loved one's full name  
(Use Hebrew names if known)      \_\_\_\_\_  
Loved one's mother's name
8. Loved one: \_\_\_\_\_  
Loved one's full name  
(Use Hebrew names if known)      \_\_\_\_\_  
Loved one's mother's name
9. Loved one: \_\_\_\_\_  
Loved one's full name  
(Use Hebrew names if known)      \_\_\_\_\_  
Loved one's mother's name
10. Loved one: \_\_\_\_\_  
Loved one's full name  
(Use Hebrew names if known)      \_\_\_\_\_  
Loved one's mother's name

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

- I have enclosed a check payable to **Chabad of Royal Palm Beach.**
- Please charge my credit card as per the instructions selected above.

Credit Card # \_\_\_\_\_

Exp. \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_ Signature \_\_\_\_\_

please mail this form to Chabad of Royal Palm Beach  
129 Sparrow Drive Royal Palm Beach FL 33411 Or fax to 561-225-1767