



Yizkor Booklet

2011/5772

Please return this form by **August 29, 2011**

Please list the names and relationships of those you would like to memorialize in our annual **Yizkor Booklet**. *The booklets will be available at our Yizkor Service on Yom Kippur day.*

IMPORTANT: Please print clearly

- Each full page memorial is a minimum contribution of \$115.
- Each individual name entry is a minimum contribution of \$20
- Please provide a minimum contribution of \$20 for each donor name listing, if you wish to be listed among those remembering:
 - The martyrs of the Holocaust
 - Those who have died of AIDS
 - Those who have died of Cancer
 - Gay and Lesbian Jews who have no one to remember them

Donor name(s) as you wish to be listed in the booklet: _____

Phone number:(_____) _____ E-Mail: _____

Please use my booklet listing from last year. For those who had listings last year, to assist you, we have enclosed your submission from the 2010/5771 Yizkor Scroll of Remembrance.

Please use the reverse side of this form to list the names to be remembered

Total number of Full Page Listings _____ X \$115 each \$ _____

Total number of Individual Page Listings _____ X \$20 each \$ _____

Remembering the martyrs of the Holocaust – \$20 \$ _____

Remembering those who have died of AIDS – \$20 \$ _____

Remembering those who have died of Cancer – \$20 \$ _____

Remembering Gay and Lesbian Jews who have no one to remember them – \$20 \$ _____

GRAND TOTAL: \$ _____

Method of payment: Check (enclosed) MasterCard Visa Discover American Express

Account #: _____

3 or 4 CVC# _____ Exp. date: _____ Billing zip code _____

Print Name: _____

Signature: _____ Date: _____

I authorize Congregation Kol Ami to debit my credit card in the following amount: \$ _____

See Reverse

Return to :

Congregation Kol Ami, 1200 North La Brea Avenue, West Hollywood, CA 90038
Phone: 323.606.0996 • Fax: 323.606.0997 • www.kol-ami.org



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