



# The 2019/5780 Book of Remembrance



Four holidays a year--Yom Kippur, Shemini Atzeret, Pesach and Shavuot--we offer special Yizkor prayers recalling with love those precious loved ones who are no longer with us. B'nai Aviv's annual Book of Remembrance includes the service and prayers of the Yizkor service, and both the names of all those we wish to remember and of all those memorialized with Yahrzeit plaques in our Sanctuary. The Book of Remembrance is used each year at all four Yizkor services.

**Please complete the form below and return it with your check or credit card information to the office by August 30, 2019.**

The minimum contribution for a listing of up to five names is \$54. Please add \$10 for each additional name. Listings on either the Holocaust or Veterans remembrance pages are available for \$18 per name. **Please consider making an extra donation to help those families who may not be able to fully support the Book of Remembrance.** Please note – we list names only, not titles or relationships. **New this year:** If you would like to sponsor a full page (\$540) or a half page (\$360), please complete this form and email [lynne@bnaiaviv.org](mailto:lynne@bnaiaviv.org) the names /wording that you would like on the page. Thank you for your support.

Donors' name(s) \_\_\_\_\_ Home phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell phone \_\_\_\_\_

**Names to be memorialized:**

**Please check here if all names are exactly the same as last year (add any additional) \_\_\_\_\_**

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Please include on the **Holocaust** remembrance page (\$18 each): \_\_\_\_\_  
\_\_\_\_\_

Please include on the **Veterans** remembrance page (\$18 each): \_\_\_\_\_  
\_\_\_\_\_

Full page \$540       Half (1/2) page \$360       Additional Donation \$ \_\_\_\_\_  
*(Page sponsorships also include names being included in standard alphabetical listing)*

**Total Number of Names to be Listed** \_\_\_\_\_ Check included for \$ \_\_\_\_\_

Credit card number # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on card \_\_\_\_\_

Billing Address \_\_\_\_\_

*A 3% convenience fee will be added to all credit card payments.*

**Please return this form and your payment to Susan in the office by August 30, 2019.**