



Book of Remembrance

Please email this form to office@gatesofprayer.org

We would like to have the following included in the 5781/2020 Book of Remembrance: (please check one)

_____ Please print the same as last year.

_____ Print last year's list and also include these additional names.

_____ This is a new list. (Was not in last year's book).

A. In Loving Memory Of: (Please print in the order you wish listed.)

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

B. Remembered by: (Please print names below as you want them listed)

Please accept our contribution of \$_____ as an offering to the Temple at Yom Kippur in memory of our loved ones.

(As a guide, it is suggested a minimum of \$50 be donated for a listing up to five names)

Submitted By: _____

Address: _____

Phone: _____

Please return this form by August 28