

Request for a *Mi Shebairach* (מי שברך) for a *Refuah Shelaymah* (רפואה שלמה)

Name of person submitting request (English name): _____

Phone number(s): _____ Date request submitted: _____

First and last name of person needing *Refuah Shelaymah*: (in English) _____

Full Hebrew name: _____ son or daughter of _____
(mother's Hebrew name)

It is customary to contribute money to *tzedakah* in the merit of a *refuah shelaymah*. At your discretion, you may attach a check or forward a donation to the shul office.

Please call the shul at 561-479-4049 when the person no longer is in need of the *Mi Shabairach*.

This form is for the name to be read during services, it will not to be placed in the bulletin. To honor the confidentiality of our members, the *Refuah Shelaymah* list in our weekly bulletin includes only those individuals who have personally requested to be added. Please call or email the Shul office to be included in the bulletin or to be removed.

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