

3

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

Name of Person Submitting Request (English Name): _____

Phone Number(s) (1) _____ (2) _____

Relationship to Person Needing a *Refuah Shelaimah*: _____

Date Request Submitted: _____

First and Last English Name of Person Needing *Refuah Shelaimah*: _____

Full Hebrew Name (First & Middle) _____ son/daughter of:

(Mother's Hebrew Name) _____ . (You may write names in Hebrew or English letters. If

Mother's Name is not known, please indicate Father's Name.)

It is customary to contribute money to tzedaka in the merit of a Refuah Shelaimah. At your discretion, you may attach a check or forward a donation to the synagogue office.

*Please call the Shul at (561) 479-4049, or Marvin Weinsteln (561) 482-5159 when the person no longer is in need of the *Mi Shebairach*. Please note that after two months, the name will be removed from our list unless the request for this *Mi Shebairach* has been renewed.*