YIZKOR MEMORIAL BOOK 5779

Please enclose a check and return (to the office) with this form by July 10.

A

Contact Info

*Your Name*_____ *Phone #* _____

*Email address*_____

- *If necessary, we will contact you to verify your submissions are correctly spelled.*

B

Cost & Payment

Participation (includes 3 names)	$25
Addition names X _____	$ _____ ($5/name)
Additional Donation	$_____
Total:	$

- *The check should be made out to Kadimah-Toras Moshe. Please be sure to write "Yizkor book" in the memo line.*

C

Listing of Individuals

To avoid confusion please PRINT neatly the names of loved ones to be memorialized:

Names will be printed in the order listed. Please use reverse side for additional names.

$25

Mourner(s)	Deceased	Relationship

Please PRINT using CAPITAL LETTERS

- You may use the back for additional names.

All requests must be received by Wednesday, July 10

Please send to: Congregation Kadimah-Toras Moshe, 113 Washington Street, Brighton, MA 02135

617-254-1333 | www.ktmshul.org