



ISaac
AGREE
DOWNTOWN
SYNAGOGUE

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

**I/We plan to log in to High Holiday services with IADS
We encourage you to register at tinyurl.com/HHD5781**

Each year we have published *Sefer Hazikaron*, a “Book of Remembrance,” that has been distributed during services. As this year’s services will be online, the book will be electronic, displayed on *Yom Kippur* during *Yizkor* services and available on our website thereafter. We are gratified that so many of you have found our Memorial Book to be a fitting tribute to the memory of your departed loved ones and invite you to honor them again this year by completing this form.

I/We subscribe to the 5781 virtual Memorial Book

For a contribution of \$100, the names listed below will be included in our virtual Memorial Book. Please complete the information section above and the names below and return this form and payment BY MONDAY, SEPTEMBER 14, 2020.

Names to be included in the Memorial Book
Please submit names exactly as you wish them to appear

Please return this form and payment of \$100 (made out to *Downtown Synagogue*) in the enclosed envelope. If you would prefer to use a credit card, you may log in to tinyurl.com/HHD5781

Phone: (313) 962-4047 email: hello@downtownsynagogue.org