



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