



CONGREGATION NISHMAT AM

Dear Friends:

July 6, 2020

Each year at this time - as we begin preparing for the High Holidays - we launch our annual **Yom Kippur Appeal**. We do so in advance of the holidays so that by making and paying your pledge early (either in whole or in part) you will be helping us during the summer when our cash position is sluggish and we struggle to keep up with our financial obligations, which are simple but urgent....to pay ordinary bills such as utilities, insurance, supplies, payroll, etc. Your swift reply and generosity will be of great help.

We also give you the opportunity to support the **Altman Family Religious School** for the coming year to insure that we can give our children the best Jewish education possible.

Our **Yizkor Memorial Booklet** which includes the names of our beloved departed family members is used in the solemn Yizkor Service on Yom Kippur. It is a beautiful tribute to the memory of our departed family members. Use this form to submit names for the Yizkor Book.

Nishmat Am is more than just a synagogue. We are a "mishpacha" - a family center for prayer, education, friendship and personal growth. Your support, your involvement and your commitment is what makes this possible. It is a sacred endeavor and one of which we should all be proud.

Please reply as soon as possible by returning the form below. In the merit of your generosity, may you and your family be inscribed for a year of health and happiness and may all of our prayers be answered by the Almighty.

Thanking you in advance for your quick and generous response and with much friendship and blessing,

Rabbi Yitzchak Cohen

Allen Landerman, President

Name _____ Phone _____

E-Mail _____

YOM KIPPUR APPEAL - Our major Annual fund raiser supporting Nishmat Am. \$ _____

ALTMAN FAMILY RELIGIOUS SCHOOL - To support religious education for our children \$ _____

YIZKOR MEMORIAL BOOK ____ (#) names @ \$18/name \$ _____

Write the names that you wish to be listed in the space below **TOTAL** \$ _____

TOTAL CHARGE \$ _____

☐ Check enclosed in full for \$ _____ OR ☐ partial payment of \$ _____ enclosed. Bill me for balance.

☐ Charge my credit card (info below) in full; or ☐ In two payments. 1/2 in July and 1/2 in August

Credit Card Number _____ Expiration Date _____ Code _____

Name (as it appears on card) _____

Signature _____

Return this form by mail (using enclosed envelope); by fax to 972-618-2216; or scan and e-mail to ssiegel@nishmatam.org