

Form for Yom Kippur BOOK OF REMEMBRANCE 2026 - 5787

We thank you in advance for supporting this time-honored custom of remembering our loved ones during the High Holy Days. A beautiful memorial booklet will be produced in time for Yom Kippur and will include the names of all those we wish to remember and honor. We wish you good health and a good and sweet year 5787!

Please list the name of EACH person to be remembered on a separate line. The cost is **\$10 per individual name** that you wish to list in our Book of Remembrance. **New HOLOCAUST Victim Remembrance: \$5** per Victim's Name, **\$10** per Family of Victims – Please denote with **H/V**. This form and payment must be **received no later than August 31, 2026**, in order to allow sufficient time for preparation prior to the holiday. *You may also complete this online from our website www.LDORVADOR.org/quest-tickets/book-of-remembrance/, paid by credit card.*

We ask that you **PLEASE PRINT ALL INFORMATION CLEARLY:**

(1) Your Name(s), (2) The Memorial Name, & (3) The Relationship of your Loved One to You.

Please include your check payable to **Congregation L'Dor Va-Dor** and mail this form and check payment to:

**Congregation L'Dor Va-Dor
P. O. Box 743102
Boynton Beach, FL 33474**

** PLEASE LIST YOUR NAME(S) EXACTLY AS YOU DESIRE FOR PRINTING WITHIN THE BOOK.*

HONORED BY:

CONTACT PHONE NO:

EMAIL ADDRESS REQUIRED:

Sample: Michelle and Michael Smith

954-222-1234

SMITHM222@aol.com

(1) _____

MEMORIAL NAME (Each Name to be printed): **RELATIONSHIP to YOU for printing purposes:**

Sample: Rebecca Smith [add "H/V" if Holocaust Victim]

Grandmother (Optional: this field is not required)

(2) _____ (3) _____

Donation of \$10 per individual Memorial Name listed: **Total \$:** _____

** Please list any additional Memorial Names and Relationships on the back of this form or on separate paper.*

Congregation L'Dor Va-Dor

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