



CHABAD-LUBAVITCH OF GREATER BOYNTON
RAE & JOSEPH GANN CAMPUS FOR LIVING JUDAISM
SIEGEL FAMILY JEWISH CENTER
10655 El Clair Ranch Road, Boynton Beach, Florida 33437
Tel: 561.732.4633 • Fax: 561.732.4653 • www.chabadboynonton.com

BEIS MENACHEM
EST. 1994

IN EVERLASTING TRIBUTE TO
THE REBBE,
RABBI MENACHEM M. SCHNEERSON

RAE & JOSEPH GANN, OB'M
GRAND FOUNDERS
AMBASSADOR NED L. SIEGEL
CHAIRMAN, EXECUTIVE COMMITTEE

FOUNDERS

Eva deVries Family
Seymour & Phyllis Finn
Herbert Hoffman
Hans & Susan Klein
Robert & Mindy Licht
Nagel Family
Barry & Harriet Ray
Eleanor Rogg &
Schuyler Rogg
Herman Rosenbloom
Diana Schiowitz Schwartz
& Paul Schwartz
Robert & Myra Sherman

EXECUTIVE COMMITTEE

Howard & Susan Cohen
Herbert & Rita Gann
Nathan & Frances Grama
Leonard & Phyllis Greenberg
Mark & Linda Karasick
Jacob & Shayna Ohayon
Bernard & Vivian Schneider
Michael & Shelley Stone
Stanley & Annette Strachman
Alan & Marlene Zavodnick

Rabbi Sholom Ciment
*Executive Director &
Spiritual Leader*

Satellite Center
CHABAD OF WEST BOYNTON
& WEST LAKE WORTH
9406 W. Boynton Beach Blvd.

15 Tamuz 5778

June 28, 2018

Dear Friends,

This year, Rosh Hashanah arrives early (Sept. 10). High Holiday preparations have therefore begun. **Enclosed please find HH and membership forms for 5779.** Please note, **fees are reduced 10% if paid by July 18 and 5% if paid by August 3.**

2019 will begin the 25th year since Chabad established the traditional Jewish community of Greater Boynton Beach. A cursory snapshot of this past quarter century reveals an awesome reality of **thousands of sacred Jewish souls who have been strengthened, some re-connected, with their people's holy roots and traditions.**

This, though, is **merely a foundation** from which a renewed commitment will emerge, G-d willing, to continue building Torah, Judaism, our people and an unwavering solidarity with our Holy Land, like never before.

A milestone year like this one, calls for reflection. Your official membership is a **personal expression of appreciation** for all that Chabad has created thus far, for you and for our entire community. It serves, also, as **your personal partnership** in all that, G-d willing, is to come.

Please help us celebrate this quarter century of **pioneering Jewish community building**, by joining our unceasing aspirations on behalf of the Jewish people.

With my heartfelt Torah blessings, I remain,

Sincerely yours,

Rabbi Sholom Ciment

CONGREGATION CHABAD-LUBAVITCH BEIS MENACHEM • CHABAD OF WEST BOYNTON SATELLITE CENTER •
 BEIT BLUMI JEWISH EARLY CHILDHOOD CENTER • MEI MENACHEM YOUNG FAMILY COMMUNITY MIKVAH • GREATER
 BOYNTON COMMUNITY KOLLEL • CITY-WIDE ERUV • GREATER BOYNTON KEILIM MIKVAH • GREATER BOYNTON
 JEWISH ORTHODOX ASSOCIATION, INC. • SHEIRUT LEUMI COMMUNITY PARTNERS • JEWISH WOMEN'S CIRCLE •
 CAMP GAN ISRAEL • SUNSHINE CHESSED COMMITTEE/POOR AND SICK FUND • HERITAGE LEGACY FOUNDATION •
 CHEVRAH KADISHA AND CHABAD CEMETERY

A TRIBUTE TO VISIONARIES
 THE ESTATE OF JOSEPH & ANITA DANIELS
 SAM deVRIES OB'M
 IRVING DREXLER OB'M
 THE ESTATE OF DAVID & BETTY EISDORFER
 SHLOMO KASHANIAN OB'M
 THE ESTATE OF DAVID SPECTOR

Please consider Chabad-Lubavitch of Greater Boynton in your will and secure your legacy in Judaism's future.

5779 Yizkor Memorial Book

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone # _____

E-Mail Address: _____

Please inscribe my dear departed, as listed below, into the 5779 Yizkor Memorial Booklet.

**Please print the Hebrew name and Father's Hebrew name for each of your dearly departed. Please print in English.
These names will be printed in English, transliterated.**

Hebrew Name (written in English)	Father's Heb. Name (Written in English)	English/Family Name	Remembered By (Full English Name)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For additional space, please use backside of this paper.

Yizkor Book Listings # _____ @ \$18 per name = \$ _____

Enclosed is my check # _____

Mastercard Visa Discover

Credit Card # _____ Expiration Date: _____ / _____ CVV Code _____

Billing Zip Code _____ Signature _____

**Please return this form complete in enclosed envelope to:
Chabad Lubavitch of Greater Boynton, Inc.
10655 El Clair Ranch Road, Boynton Beach, FL 33437
(Turn over to add additional names)**

Mark some special dates this year!

The Jewish Art Calendar of 5779

Share your special dates. Honor a loved one's Yahrzeit, birthday, anniversary or special occasion with a distinctive listing in the New Year's Jewish Art Calendar 5779

Name _____
Address _____
City _____ State _____ Zip _____
Tel# _____ Cell # _____

All occasions will be printed and displayed on their actual date in the calendar.

Please use reverse side for additional listings. Please include all information as below.

Yahrtzeit Full Name _____ Date _____
Birthday Full Name _____ Date _____
Anniversary Full Names _____ Date _____
Special Occasion(s) _____ Date _____

\$25 per listing. #____ of listings x \$25 = \$_____

Enclosed please find check #_____

Or; Visa Mastercard American Express Discover

Card#: _____

Expiration____/____ CVV Code: _____ Billing Zip Code: _____

Signature: _____

**A business ad in the 5779 Jewish Art Calendar will place
your goods and/or services in front of thousands on a daily basis!**

Back Cover, Calendar Sponsor \$5000

Full Page Centerfold \$3600

Full Page \$1800

1/2page \$1000

1/4 Page \$500

Business Card 1 Month \$180 6 Months \$500 12 Months \$750

Indicate your preference of display month(s) _____

Advertisements must be submitted camera ready

Our community will express its appreciation for your support by regularly patronizing your services!

All ads must be received by August 1, 2018

2018-2019 MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Name: _____

Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name : _____

Date of Birth: _____

Check one: Cohen Levi Israel

Husband's E-Mail: _____

SPOUSE'S INFO

Name: _____

Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Date of Birth: _____

Wedding Anniversary: _____

Wife's E-Mail: _____

CONTACT INFORMATION

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Development/Community: _____

Home Telephone : _____

Husband's Cellular Number: _____ Wife's Cellular Number: _____

2nd Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Which Months in Florida _____

YAHRZEIT INFORMATION - For each entry, please include full English and Hebrew name, family name and relationship

Name _____ Date of Passing _____ AM PM

Please indicate other dates for which you would like to receive an Aliyah: _____

Please Note:Forms received complete and paid in full by July 18, 2018 receive 10% off (membership fees only).Forms received complete and paid in full by August 3, 2018 receive 5% off (membership fees only).

We kindly request all forms be received and paid in full by August 15, 2018.

Rosh Hashana 5779 is September 10, 2018. Thank you very much for your needed cooperation.

PREMIUM MEMBERSHIP LEVELS

PLATINUM \$13,000 INCLUDES ANNUAL MEMBERSHIP, BUILDING FUND DUES, ADMISSION TO ALL PROGRAMS, SHABBAT DINNERS, ALL LECTURES/CLASSES, 2 TICKETS TO MAJOR ANNUAL EVENT, AUTOMATIC LISTING AS DONOR IN ALL COMMUNITY FUNDRAISERS 2018-'19.

GOLD \$7,500 INCLUDES ANNUAL MEMBERSHIP, BUILDING FUND DUES, ADMISSION TO ALL PROGRAMS, SHABBAT DINNERS, ALL LECTURES/CLASSES, 2 TICKETS TO MAJOR ANNUAL EVENT.

Platinum & Gold Membership Levels received by July 15, 2018 will be recognized on Grand Mural of Tribute in Campus' main lobby.

ANNUAL MEMBERSHIP DUES

<input type="checkbox"/> FAMILY	\$1,250	INCLUDES 2 HIGH HOLIDAY SEATS (ADDITIONAL FAMILY MEMBER SEATS ARE \$150 EACH) ENCLOSED PAYMENTS FOR _____ ADDITIONAL MEN'S SEATS AND _____ ADDITIONAL WOMEN'S SEATS.
<input type="checkbox"/> BUILDING FUND	\$1100	MAJOR MAINTENANCE PROJECTS AND MORTGAGE DEBT SERVICE
<input type="checkbox"/> SECURITY FEE	\$250	ARMED, SECURITY PERSONNEL ON CAMPUS (NEW)
<input type="checkbox"/> SEASONAL DUES	\$ 650	IN FLORIDA FOR LESS THAN 4 MONTHS EACH CALENDAR YEAR
<input type="checkbox"/> SINGLE DUES	\$ 625	INCLUDES 1 HIGH HOLIDAY SEAT
<input type="checkbox"/> SNOWFLAKE DUES	\$ 525	IN FLORIDA FOR LESS THAN 3 MONTHS EACH CALENDAR YEAR
<input type="checkbox"/> VACATION DUES	\$425	REGULAR VISITOR, TEMPORARY HOME RENTER, HOLIDAYS WITH FAMILY
<input type="checkbox"/> FRIEND	\$400	OUT OF STATE SUPPORTER
<input type="checkbox"/> COMMUNITY	\$300	MAINTENANCE OF COMMUNITY ERUV, MIKVAH, KEILIM MIKVAH, KOLLEL

Important: No person or entity, other than Chabad Boynton, is authorized to collect funds on behalf of these community institutions. This is particularly relevant to annual maintenance dues for community eruv, for which all who benefit regularly from it will surely wish to participate in its costs. Payment should be made directly to Chabad, only.

HIGH HOLIDAYS 5779

\$ 275 PER SEAT PLEASE RESERVE _____ MEN'S SEATS AND _____ WOMEN'S SEATS.

I WILL BE USING THE ABOVE SEATS ON ROSH HASHANAH I WILL NOT BE USING THE ABOVE SEATS ON ROSH HASHANAH.
 I WILL BE USING THE ABOVE SEATS ON YOM KIPPUR. I WILL NOT BE USING THE ABOVE SEATS ON YOM KIPPUR.
 PLEASE ASSIGN ME THE SAME SEATS AS LAST YEAR. I WISH TO SELECT NEW SEATS, PLEASE CONTACT ME.

HIGH HOLIDAY CHILDREN'S GROUPS

\$36 PER CHILD (AGES 3 - 12) PAID MEMBERS AND \$55 NON-PAID MEMBERS (MUST BE PREPAID)

I WISH TO ENROLL _____ CHILDREN IN THE HIGH HOLIDAY CHILDREN'S PROGRAM

NAME OF CHILD _____
NAME OF CHILD _____
NAME OF CHILD _____
NAME OF CHILD _____

AGE: _____
AGE: _____
AGE: _____
AGE: _____

\$18 I/WE WISH TO BE LISTED IN THE 5779 COMMUNITY CARD OF NEW YEAR'S GREETING TO THE ENTIRE COMMUNITY

\$36 WOMEN'S CIRCLE ANNUAL MEMBERSHIP 2018-2019

PAYMENT

TOTAL OF ALL ABOVE: \$ _____

PAYMENT OPTIONS: VISA MASTERCARD AMERICAN EXPRESS DISCOVERCARD

CARD #: _____

EXP. DATE: _____ / _____ CVV CODE: _____ BILLING ZIP CODE: _____

SIGNATURE: _____

CHECK # _____ ENCLOSED FOR \$ _____

PLEASE RETURN YOUR COMPLETED FORMS TO:

CHABAD-LUBAVITCH OF GREATER BOYNTON

10655 EL CLAIR RANCH ROAD, BOYNTON BEACH, FLORIDA 33437