



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.

## 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.chabadboynton.com](http://www.chabadboynton.com)

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 25<sup>th</sup> 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/FamilyName	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

☐ 1/2 page \$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 \_\_\_\_\_

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

Name \_\_\_\_\_ Date of Passing \_\_\_\_\_ AM    PM

Name \_\_\_\_\_ Date of Passing \_\_\_\_\_ AM    PM

Name \_\_\_\_\_ Date of Passing \_\_\_\_\_ AM    PM

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

\_\_\_ 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.

\_\_\_ BUILDING FUND \$1100 MAJOR MAINTENANCE PROJECTS AND MORTGAGE DEBT SERVICE

\_\_\_ SECURITY FEE \$250 ARMED, SECURITY PERSONNEL ON CAMPUS (NEW)

\_\_\_ SEASONAL DUES \$ 650 IN FLORIDA FOR LESS THAN 4 MONTHS EACH CALENDAR YEAR

\_\_\_ SINGLE DUES \$ 625 INCLUDES 1 HIGH HOLIDAY SEAT

\_\_\_ SNOWFLAKE DUES \$ 525 IN FLORIDA FOR LESS THAN 3 MONTHS EACH CALENDAR YEAR

\_\_\_ VACATION DUES \$425 REGULAR VISITOR, TEMPORARY HOME RENTER, HOLIDAYS WITH FAMILY

\_\_\_ FRIEND \$400 OUT OF STATE SUPPORTER

\_\_\_ 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 _____	AGE: _____
NAME OF CHILD _____	AGE: _____
NAME OF CHILD _____	AGE: _____
NAME OF CHILD _____	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