

YAHRTZEITS & YIZKOR



Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donations to Chabad Columbus through the purchase of Yizkor Listings is an appropriate way of remembering your departed.

Please include my loved ones in the Yizkor Listing for:

- Yom Kippur (Unlimited Family Listings - \$150)
- Please invoice me
- My check is enclosed
- Please charge my credit card for full amount
- Please charge my credit card in: 3 6 9 or 12 installments

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AE <input type="checkbox"/> Disc
CC # _____
EXP: _____ SIC: _____

NAME 1
Civil Name:
Hebrew Name:
Father's Hebrew Name:
Date of Passing (MM/DD/YYYY):
Relationship (i.e. mother of):

NAME 3
Civil Name:
Hebrew Name:
Father's Hebrew Name:
Date of Passing (MM/DD/YYYY):
Relationship (i.e. mother of):

NAME 2
Civil Name:
Hebrew Name:
Father's Hebrew Name:
Date of Passing (MM/DD/YYYY):
Relationship (i.e. mother of):

NAME 4
Civil Name:
Hebrew Name:
Father's Hebrew Name:
Date of Passing (MM/DD/YYYY):
Relationship (i.e. mother of):