

**Book of Remembrance**  
*Yizkor Service*



**NAME OF DECEASED:**

---

---

---

---

---

**MEMBER NAME:**

---

All names **MUST** be submitted by September 12<sup>th</sup>, 2019 to be included.  
*No late additions can be made.*

---

All forms will now be submitted via PDFfiller.com. This is a trusted website used by the synagogue. Once you have filled out the form, please click **DONE** to submit to Congregation Beth David. Any issues with submitting your form or payment please contact [info@congbethdavid.org](mailto:info@congbethdavid.org). If you wish to pay in installments please email [wsebethdavid@gmail.com](mailto:wsebethdavid@gmail.com).