

PERPETUAL YAHRZEIT(S)

Your Name: _____ Address: _____

City _____ State _____ Zip _____

Preferred way to receive Yahrzeit Notice (please check one): Email (please provide email address below) OR US Postal Service Mail

Email Address: _____

Please return this form, along with your payment in the amount of \$300.00 per name to:

Temple Israel
432 – 30th St. NW
Canton, OH 44709

Name of Deceased	Relationship to Member	English Date of Death MM/DD/YYYY	Observance Date Circle H for Hebrew or E for English
			E H
			E H
			E H
			E H

For office use:

Amount Paid _____ Date _____ Check# _____ Planned Legacy Entry _____