



Yizkor Form

Yizkor Names – PLEASE PRINT CLEARLY

Name 1: _____ Relationship: _____

Name 2: _____ Relationship: _____

Name 3: _____ Relationship: _____

Name 4: _____ Relationship: _____

Donation Total: \$ _____

Person Making Contribution

Full Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Make Checks Payable to "Kehila Chadasha"

Check Number: _____

Mail payment to:

Kehila Chadasha High Holidays

c/o Faith Weiner
12808 Ruxton Rd
Silver Spring, MD 20904

Questions? Email us at highholidays@e-kehila.org or call 301-887-3777