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| **HASHKAVOT ON BEHALF OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****Please give Hebrew names where possible*** |
| **MEN** |
| **RELATIONSHIP** | **NAME** |
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| **WOMEN** |
| **RELATIONSHIP** | **NAME** |
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| **LE HAYE / FAMILY BLESSING FOR:** |
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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please clearly mark the box with an X to indicate your choice***

|  |  |  |
| --- | --- | --- |
| I want to be called to the Torah at **Rosh Hashanah** | I want to be called to the Torah at **Yom Kippur** | I **do not** want to be called to the Torah |

**If you are not being called to the Torah,**

when would you like this Hashkava recited?

|  |  |  |
| --- | --- | --- |
| **1st Day Rosh Hashanah** | **2nd Day Rosh Hashanah** | **Yom Kippur** |

I pledge herewith a voluntary donation to the Kehila, in the sum of R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

### Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Once completed, please return this form to the synagogue office by email or WhatsApp by no later than 30 September for Rosh Hashana or 8 October for Yom Kippur.**