



the south beach synagogue  
1701 Washington Avenue  
Miami Beach, Florida 33139

# 2010 High Holy Day Memorial Book

## YIZKOR MEMORIAL BOOK

5771

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Temple Emanu-El  
Miami Beach, Florida

# YIZKOR MEMORIAL BOOK

Dear Friend,

The High Holy Days call on us to remember the past, to cherish the present and to create new dreams for the future. On Yom Kippur and the last day of each of the three major Festivals, we take time to appreciate those who shared life with us.

At Temple Emanu-El we recall those dear to us in a Memorial Book compiled each year. The book, which is used at Yizkor services throughout the year, offers each of us an opportunity to remember our loved ones and to honor them by contributing to continued vibrant life at Temple Emanu-El.

If you wish to make a dedication in memory of a loved one, we encourage you to do so. Enclosed is a sample page with options of wording.

Please review your text carefully and send it to us by mail, email or fax. Payment may be made by check or credit card.

All forms should be returned to the Temple's office by  
**Wednesday, July 21, 2010.**

1701 Washington Avenue  
Miami Beach, FL 33139

Paula@tesobe.org

Fax: 305-535-3134

If you have any questions or require further assistance, please feel free to contact the synagogue at (305) 538-2503.

Sincerely,



Paula Arias  
Director of Members Services

## Registration Form 2010/5771

Please fill out and return this form along with your tax-deductible contribution

- PLEASE PRINT LAST YEAR'S PAGE WITH NO CHANGES**
- I HAVE ADDED NAMES AND/OR MADE CORRECTIONS**

- 
- FULL PAGE (Patron listing \$250)
  - HALF PAGE (Sponsor listing \$180)

**In loving memory of:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- General Listing (\$18 per line)

**In loving memory of:** \_\_\_\_\_

\_\_\_\_\_

- Holocaust Remembrance Page (\$18 per line)

**In loving memory of:** \_\_\_\_\_

\_\_\_\_\_

### Payment Information:

Donor Name: \_\_\_\_\_  
*(Please print your name(s) exactly how you want it to appear)*

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Enclosed is my check in the amount of \$\_\_\_\_\_
- Please Charge my credit card:
  - Visa
  - Mastercard
  - American Express

Credit Card Holder: \_\_\_\_\_

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Billing Address (if different than above) \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The signature indicates the above is correct or last year's entry remains the same.  
\*For additional names please attach separate sheet.



*In Loving Memory Of*

List the  
names of your  
loved ones

*Remembered by:*  
Your Name

SAMPLE FULL PAGE - Patron listing \$250  
May add any number of names



*In Loving Memory Of*

List the  
names of your  
loved ones

*Remembered by:*  
Your Name

SAMPLE HALF PAGE - Sponsor listing \$180  
May add up to 20 names



*In Loving Memory Of*

Loved one  
Loved one  
Loved one

*Remembered by:*  
Your Name

Loved one  
Loved one  
Loved one

*Remembered by:*  
Your Name

Loved one  
Loved one  
Loved one

*Remembered by:*  
Your Name

Loved one  
Loved one  
Loved one

*Remembered by:*  
Your Name

SAMPLE INDIVIDUAL NAME-General Listing \$18 per name  
May add any number of names