KEHILAT MEVASSERET ZION

יהדות מתקדמת בישראל
PROGRESSIVE JUDAISM IN ISRAEL

קהילת מבשרת ציון

Yartzait Form

I/we _____ _____ _____

Name | Passport or Israeli ID No. (Please indicate which) | Phone No.

_____ _____ _____ _____

Street | City/Town | ZIP Code | Country

would like to add to the following names your yartzait lists:

Name (including his/her parents' names)	Family relationship	Date of death*

* Please indicate whether the date is according to the **Jewish** or **civil** (Gregorian) calendar.

We wish to donate the sum of _____ shekels/dollars in his/her memory.
(please cross out where required)

This form may be sent by mail, facsimile or e-mail to the to Kehilat Mevasseret Zion.

P.O.Box 40148, Mevasseret Zion 90805, Israel Tel 02-5700361, Fax. 02-5795074
E-mail: kamaz@zahav.net.il **homepage http://www.kamatz.org**