



Hadassah has made it possible to have *Kaddish* recited for your loved ones at the beautiful Fannie and Maxwell Abbell Synagogue on the premises of the Hadassah-Hebrew University Medical Center at Ein Kerem, Jerusalem. A one-time donation of \$1,000 ensures the designated *Yahrzeit* date will be observed in perpetuity, and that the *Kaddish* prayer will echo within sanctified walls, beneath the magnificent stained glass windows by Marc Chagall. Your loved ones will be remembered in Israel at Hadassah Hospital, where birth and renewal help us to assuage our grief and pay tribute to the future while remembering the past.

Donations support Hadassah Medical Organization activities, including healing, teaching and research. In this way, donors can transform loss into life-affirming *mitzvot* that reach far and wide, benefitting countless people the world over.

Each year, prior to the *Yahrzeit* date, you will receive a notice from Israel acknowledging the upcoming observance. On that date, your loved one's name will be memorialized during the *mincha* (afternoon) service held at the Abbell Synagogue.

In addition, a stunning Hadassah *Yahrzeit* certificate featuring a replica of a Chagall window will be issued to the individual establishing the memorial.

HADASSAH YAHRZEIT IN ISRAEL

Please print carefully in English, and where requested, in English letters (transliteration) for Hebrew names. This information, which will be transliterated into Hebrew in Israel, is required for entry in the Hadassah *Yahrzeit* memorial display and for the recitation of the *Kaddish* prayer.

DONOR INFORMATION

Yahrzeit Notice Yes No Certificate Yes No

Name

Address

City/State/Zip

Telephone

Is the donor a member of Hadassah? Yes No

Region/Chapter/Group

Name of Departed (English)

Name of Departed (Hebrew)

Father's Name (English)

Father's Name (Hebrew)

Mother's Name (English)

Mother's Name (Hebrew)

If Kohan or Levi, please indicate which

Date and year of death

before sundown after sundown

Time of death

SEND A SECOND YAHRZEIT NOTICE TO:

Name

Address

City/State/Zip

One certificate and two notices are the standard for each *Yahrzeit*

PAYMENT INFORMATION

Enclosed is my check (payable to Hadassah Medical Relief Association, Inc.)

Please charge my: Visa Mastercard American Express

Account Number

Exp. Date

Name as it appears on card (please print)

Signature

I learned of the Hadassah Perpetual *Yahrzeit* Program from:

Hadassah Magazine Newspaper Local Unit