

# Yahrzeit Enrollment Form (please choose one)

PERPETUAL YAHRZEIT (YARPURCH)  ENHANCED PERPETUAL YAHRZEIT (YARENH)

**Please check this box if this is for an Advance Yahrzeit**

*Please print carefully in English, and where requested, in English letters (transliteration) for Hebrew names. This information 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 \_\_\_\_\_ MEMBER ID \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## The Yahrzeit is for:

NAME (ENGLISH) \_\_\_\_\_ NAME (HEBREW) \_\_\_\_\_

FATHER'S NAME (ENGLISH) \_\_\_\_\_ FATHER'S NAME (HEBREW) \_\_\_\_\_

Please indicate  Kohen  Levi

MOTHER'S NAME (ENGLISH) \_\_\_\_\_ MOTHER'S NAME (HEBREW) \_\_\_\_\_

DATE AND YEAR OF DEATH (not applicable to Advance Yahrzeit) \_\_\_\_\_ TIME OF DEATH (not applicable to Advance Yahrzeit) \_\_\_\_\_  
 Before sunset  After sunset

## SEND A SECOND YAHRZEIT NOTICE TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
*One certificate and two notices will be sent per each Yahrzeit*

## PAYMENT INFORMATION

**Enclosed is my check for a one-time payment of (payable to Hadassah):**  \$1,000  \$5,000

**OR**

**Please charge my:**  Visa  Mastercard  American Express  Discover

**Perpetual Yahrzeit (\$1,000)**

One-time payment of \$1,000  10 consecutive monthly payments of \$100  4 consecutive quarterly payments of \$250

**Enhanced Perpetual Yahrzeit (\$5,000)**

One-time payment of \$5,000  25 consecutive monthly payments of \$200  8 consecutive quarterly payments of \$625

ACCOUNT NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME AS IT APPEARS ON CARD (PLEASE PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

By signing this form, I authorize Hadassah, WZOA to deduct this amount from my credit card.

**I learned of the Hadassah Perpetual Yahrzeit Program from:**  Hadassah Magazine  Website  Local Chapter  Other

Each payment will be considered a donation to Hadassah, the Women's Zionist Organization of America, Inc, to support our work in healing, teaching and research at Hadassah Medical Organization in Jerusalem. The donor will receive a letter for tax purposes at the end of the calendar year and, if applicable, again upon completion of total payment. Please note that the Yahrzeit will not be established until final payment is received. Should the donor die before completion of this pledge, the family may elect to contribute the unpaid balance to establish a Perpetual Yahrzeit for the donor. Donor's Chapter will receive credit.