

**Supporter Information – 2017 / 2018**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Adult Member (A)  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First Middle  Hebrew Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CHILDREN: List each child & their date of birth:  1.  2.  3. | Adult Member (B)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First Middle  Hebrew Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_  Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4.  5. |

Based on the projected annual operating costs, we have established an optional sustaining annual commitment level of $1500. If each household were to pay this sustaining level, Chai Center would meet its budgetary obligations. We hope that you will consider a supporting donation that is commensurate with your family’s financial situation. If the annual suggested figure is not within your means, we will be grateful for whatever support you can give. If you feel that you can give beyond that number we would greatly welcome your gift.

**We wish to be a supporter of Chai Center for Jewish Life. Our 2017-2018 pledge is generously and proudly given in the amount of  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

PLEASE TURN OVER

Yahrzeits Information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Observer | Name of Deceased  English (first & last) | Name of Deceased  Hebrew | Relationship | Date of Death (mm/dd/yyyy) |
|  |  |  |  |  |

On which anniversary date would you like to remember your loved one? \_\_\_\_ Hebrew \_\_\_\_ English

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Observer | Name of Deceased  English (first & last) | Name of Deceased  Hebrew | Relationship | Date of Death (mm/dd/yyyy) |
|  |  |  |  |  |

On which anniversary date would you like to remember your loved one? \_\_\_\_ Hebrew \_\_\_\_ English

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Observer | Name of Deceased  English (first & last) | Name of Deceased  Hebrew | Relationship | Date of Death (mm/dd/yyyy) |
|  |  |  |  |  |

On which anniversary date would you like to remember your loved one? \_\_\_\_ Hebrew \_\_\_\_ English

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Observer | Name of Deceased  English (first & last) | Name of Deceased  Hebrew | Relationship | Date of Death (mm/dd/yyyy) |
|  |  |  |  |  |

On which anniversary date would you like to remember your loved one? \_\_\_\_ Hebrew \_\_\_\_ English

If you need to enter more Yahrzeits, please PRINT & enclose an additional copy of this page

*Please return this form with payment to:*

***Chai Center for jewish life – 20 Shawnee Drive, Suite C***

***Watchung, NJ 07069***

*Thank you for your support of our new and growing Jewish community.*