

Eileh HaDevarim



Agudas Achim Congregation

2908 Valley Drive • Alexandria, VA 22302

703.998.6460 • www.agudasachim-va.org

Non-Member

Dedication Request & Payment Form

Date

Print Name(s) Clearly

Street Address

Indicate preferred phone number: home, work or cell

City, State, Zip

email address

Minimum dedication to fill in a letter: Adult \$54 Student (age 13–21) \$18 Child (under age 13) \$6.13

Dedicate the item or part of Torah most meaningful to you. Specify Item or Chapter, Verse, and word:

Price listed: _____ Payment is required before letter fill in appointment can be set.

Check # _____ Charge: Disc MC Visa # _____ Exp: ____/____

Name(s) or wording for Dedication Certificate (e.g., “In Honor of” “In Memory of” “In Celebration of”):

If Dedication is to be sent to a different address, please provide the name and address of the recipient:

Letter Fill-in: List those to be included with this dedication. Include additional names on back. An *Eileh HaDevarim* committee member will contact you directly to arrange your fill in appointment.

Print Name Clearly

Age (under 21) Left Handed? Non-Jewish?

Print Name Clearly

Age (under 21) Left Handed? Non-Jewish?

Print Name Clearly

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Print Name Clearly

Age (under 21) Left Handed? Non-Jewish?

Print Name Clearly

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Print Name Clearly

Age (under 21) Left Handed? Non-Jewish?

Questions? Please contact Julia Pitkin-Shantz at 703.505.7731 or jpitkin@umich.edu.

Completed form? Please submit form with payment to synagogue office via fax to 703.998.5843, email to vkaplan@agudasachim-va.org or mail.

Signature (required for charges)

Signature

Date received by Szeina Lurie: _____ Date received by synagogue office: _____