

# Kaddish Dedication

at Chabad Lubavitch of Alberta

The Yortzeit (anniversary of a loved one's passing) is a time to remember the person in the synagogue by reciting the **Kaddish** prayer, through the giving of extra charity, and through learning.

Jewish Law requires that the Kaddish be recited during the first eleven months following the death of a loved one by prescribed mourners, and on each anniversary of the death (the "Yortzeit").

The obligation of mourning and Kaddish is primarily on the deceased children, only if there are no children does the obligation of mourning fall on a spouse or closest blood relative. *(Please contact our office if you are in doubt regarding who is to mourn.)*

In the event that the children are not able to recite Kaddish, it is necessary that they find someone who will recite Kaddish for them.

You can arrange for Kaddish to be said at our synagogue at each of the daily services.



### INFORMATION OF THE PERSON THAT PASSED AWAY *(Information of the person Kaddish will be said for)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Jewish Name: \_\_\_\_\_

Father's Jewish Name: \_\_\_\_\_ Mother's Jewish Name: \_\_\_\_\_

Date of Passing (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Passing: \_\_\_\_\_

Jewish Date of Passing (D/M/Y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### RELATIVE INFORMATION *(Information of the relative requesting Kaddish)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City, Province: \_\_\_\_\_

Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

*PLEASE SEE REVERSE SIDE FOR CONTRIBUTION OPTIONS AND INFORMATION*

A PROJECT OF CHABAD LUBAVITCH OF ALBERTA

28-523 Woodpark Blvd. SW, Calgary AB T2W 4J3 | P: (403) 238-4880 | F: (403) 281-0338 | info@ChabadAlberta.org

www.ChabadAlberta.org | www.GanIsrael.ca | www.myJLI.ca

www.myHebrewSchool.ca | www.myFriendship.ca | www.Menorah.ca | www.YouthCentre.org



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Our policy is Open door/No Membership; no one will be turned away due to lack of funds. We hope you will contribute to the extent of your ability, and help Chabad Lubavitch of Alberta go on with its work. If you cannot afford this contribution, please feel free to donate as much as you can or you can contact Rabbi Matusof confidentially

PLEASE SELECT YOUR DEDICATION CONTRIBUTION BELOW.

REQUEST TO SAY KADDISH FOR A YORTZEIT

Suggested contribution for a Yortzeit to be said annually for 10 years is a one-time donation of \$180.

Amount Pledged:  \$180  Other \_\_\_\_\_

REQUEST TO SAY KADDISH FOR THE FIRST ELEVEN MONTHS

Suggested contribution for a Kaddish to be said during morning, afternoon, and evening prayers, for a total of 10 Kaddishim per day, is \$1 per day = \$30 per month, totaling \$330 for the eleven months.

Amount:  \$330  Other \_\_\_\_\_

Payment Plan:  Onetime Payment of \$330  Eleven monthly payments of \$30

Other (Please specify) \_\_\_\_\_

REQUEST TO SAY KADDISH FOR THE FIRST ELEVEN MONTHS & FOR A YORTZEIT.

Suggested contribution for Kaddish to be said for the first eleven months and for a Yortzeit for 10 years is \$510.

Amount:  \$510  Other \_\_\_\_\_

Payment Plan:  Onetime Payment of \$510  Twelve monthly payments of \$42.50

Other (Please specify) \_\_\_\_\_

CONTRIBUTION PAYMENT INFORMATION

I have attached my contribution in the form of a cheque(s)  Please charge my credit card below

Card Type  Visa  MasterCard  American Express

Card Number \_\_\_\_\_

Expiration Date (M/Y): \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

May the *zechus* (merit) of good deeds we are doing in their memory and on their behalf will surely be a source of blessing to all of us, and bring each one of you good health, for a long good life. Amen.

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