



Yahrzeit Leaf Order Form

*Please **print clearly** and write the **date** in this **format**: 3 November 1998.*

Thank you.

Your Name: _____

| | |
|---------------------------------------|---|
| First Name of Deceased | |
| Last Name of Deceased | |
| Date of Death – solar | |
| Date of Death – lunar * | |
| Yahrzeit Reminder Desired | Circle One: yes no |
| Contact Email (if reminder requested) | |
| Placement of Leaf | Circle One: fall winter spring summer ground |
| | |
| First Name of Deceased | |
| Last Name of Deceased | |
| Date of Death – solar | |
| Date of Death – lunar * | |
| Yahrzeit Reminder Desired | Circle One: yes no |
| Contact Email (if reminder desired) | |
| Placement of Leaf | Circle One: fall winter spring summer ground |
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| First Name of Deceased | |
| Last Name of Deceased | |
| Date of Death – solar | |
| Date of Death – lunar * | |
| Yahrzeit Reminder Desired | Circle One: yes no |
| Contact Email (if reminder requested) | |
| Placement of Leaf | Circle One: fall winter spring summer ground |
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| First Name of Deceased | |
| Last Name of Deceased | |
| Date of Death – solar | |
| Date of Death – lunar * | |
| Yahrzeit Reminder Desired | Circle One: yes no |
| Contact Email (if reminder requested) | |
| Placement of Leaf | Circle One: fall winter spring summer ground |

* *If you don't know the date of death according to the Jewish (lunar) calendar, we can calculate it using the solar calendar date.*

Payment can be made by **cheque** (payable to the DJC) or **Visa**.

Please mail payment with completed form to:

Danforth Jewish Circle, #125 – 283 Danforth Avenue, Toronto, ON M4K 1N2