



Nathan & Esther Pelz
Holocaust Education
Resource Center

MILWAUKEE
JEWISH FEDERATION

Wisconsin **REMEMBER US** Initiative

I accept the responsibility of remembering a child who was lost in the Holocaust and never had the opportunity to be called to the Torah. By signing this statement of commitment, I will be assigned the name of a child who I will represent at my bar/bat mitzvah and at the community's Holocaust Remembrance (*Yom Hashoah*) Commemoration on Sunday, April 22, 2012

Signed _____

(Please print)

Name of bar/bat mitzvah student _____

Name of synagogue _____

Date of bar/bat mitzvah _____

Mother's name _____

Father's name _____

Home address _____
Street City State

Home telephone number _____

Student's e-mail address _____

Mother's e-mail address _____

Father's e-mail address _____

The name of a child that is assigned to you can be chosen according to family history. If your family came from a particular area of Europe and you would like to request that the child you remember is connected to a similar area, we will do our best to find a name that is most meaningful to you and to your family. Please write any additional information below.

Please contact Joan at 414-963-2714, fax 414-963-2711
or email joanc@milwaukeejewish.org

Mail to:

HERC

6255 N. Santa Monica Blvd
Milwaukee, WI 53217

