



BETH ISRAEL
CONGREGATION

For Office Use Only
Prepared by: _____
Vendor: _____
Date Sent: _____
Date Installed: _____
Location: _____

Memorial Plaque Order Form

Please Print Clearly

Memorialize your loved one with a dedicated bronze plaque in Beth Israel's Memorial Alcove.

Ordered by: _____

Address: _____

Email Address: _____

Phone: _____

Plaque Information:

English Name _____

Hebrew Name _____
(Example: Issac son of Abraham and Sarah)

I would like assistance with Hebrew name

English Date of Death _____ Before Sunset After Sunset

Hebrew Date of Death _____

I would like assistance in determining Hebrew Date of Death

Please write a sentence about your loved one to be read at the plaque dedication on Selichot:

To purchase the adjacent space for future Memorial Plaques, please contact Andy Katz,
akatz@bethisrael-om.org.

Payment: \$500 each Charge my account Check enclosed Credit card (please call office)

Signature: _____ Date: _____