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: ________________