קהילת בית אל
CONGREGATION
Beth El
ESTABLISHED 1921

MEMORIAL PLAQUE APPLICATION

I wish to establish a perpetual memorial in the Beth El Memorial Room for:

_____

Name of Deceased (please print)

_____

Hebrew Name of Deceased (Please print in English and Hebrew)

_____

_____ _____

Date of Death (English) Date of Death (Hebrew)

Ordered by: _____

Relation to Deceased: _____

Address: _____

_____

Phone: _____

I am enclosing my check in the amount of $ _____ for _____ number of plaques at $575 per plaque.

_____

Signature

FOR OFFICE USE ONLY

Date Ordered: _____

Date of Payment: _____

Date Installed: _____

Plaque Location: _____