REQUEST FOR NAME(S) ON MEMORIAL PLAQUE(S)

I desire to have the following information placed on the permanent Yahrzeit Memorial Tablet of Congregation Achduth Vesholom:

NAME	DATE OF DEATH	* HEBREW DATE OF DEATH
_____	_____ ☐ before sunset	_____
_____	_____ ☐ before sunset	_____
_____	_____ ☐ before sunset	_____

A CHECK IN THE AMOUNT OF $500.00 PER NAME MUST ACCOMPANY THIS ORDER.

☐ Order received _____

☐ * Hebrew date(s) **completed by Rabbi** _____

☐ Plaque(s) ordered_____

_____

Signed Date

(Revised 7/10/2020)