

Temple Beth Shalom

Yahrzeit Plaque Order Form

A beautiful way to remember your loved ones.

Purchaser

Name _____

Phone Number _____

E-mail address _____

Address _____

In Memory Of

NAME OF DECEASED

Full Name, in English _____

Hebrew Name _____

Relation of Deceased to Purchaser _____

DATE OF DEATH

Secular Date _____

Example: February 10, 2008

Before or After Sunset? _____

Hebrew Date (If known) _____

Example: 27 Iyar 5760

Payment

Prepayment of \$360.00 per plaques is required at the time of ordering.

*Make check payable to: **Temple Beth Shalom** OR*

Pay by Credit Card (Visa, MasterCard, or Discover)

Card Number _____

Expiration Date _____

Billing Address _____

Mail completed form and payment to:

Temple Beth Shalom

1461 Baltimore-Annapolis Blvd.

Arnold, MD 21012

410-757-0552 Fax 410-757-2475