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b'nai israel



Cost per plaque-\$380.00 each

Donor's Name _____

Donor's Address _____

Donor's Phone Number _____

MEMORIAL PLAQUE INFORMATION

Name _____

Date of Death _____

(English **or** Hebrew)

I authorize a memorial plaque to be made with the above information.

Donor's signature _____

Date _____

They will not be forgotten.