

# CEMETERY REMEMBRANCE PLAQUE ORDER FORM



Plaques ordered at the same time will be grouped together and will be mounted permanently to the wall. Each plaque will have two lines, 18 spaces on each line, including blank and punctuation spaces. All letters will be capitalized and names will be centered. You may put as many names as you wish within the limit of 2 lines of 18 characters each, including blank and punctuation spaces.

**Plaque 1** Line 1 \_\_\_\_\_  
Line 2 \_\_\_\_\_

**Plaque 2** Line 1 \_\_\_\_\_  
Line 2 \_\_\_\_\_

**Plaque 3** Line 1 \_\_\_\_\_  
Line 2 \_\_\_\_\_

**Plaque 4** Line 1 \_\_\_\_\_  
Line 2 \_\_\_\_\_

**After we receive your order, you will will be contacted to confirm the spelling of each name thereby authorizing us to proceed with the engraving of your plaque(s).**

**Purchaser name:** \_\_\_\_\_

*Email:* \_\_\_\_\_ *PhoneNumber:* \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street address City State Zip Code

**Names of individuals to be recognized as contributors to the plaque(s).** (Add additional page if needed.)

**Name** **Relationship to person(s) remembered on plaque(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Payment:**

Each plaque \$613.00 (\$400.00 tax deductible)

Number of plaques ordered \_\_\_\_\_ each at \$613.00 = \$ \_\_\_\_\_

Additional donation: Cemetery Fund \$ \_\_\_\_\_ Chevra Kadisha Fund \$ \_\_\_\_\_

TOTAL PAYMENT \$ \_\_\_\_\_

## **Send completed form and checks payable to :**

JCCNNM - Jewish Community Council of Northern New Mexico

P.O Box 29564, Santa Fe, NM 87592 Attn: Doris Francis (Cemetery Chair)

**For additional information or questions email:** [remembranceplaques@q.com](mailto:remembranceplaques@q.com)