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 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