Memorial Plaque Order Form

Memorialize your loved one with a dedicated plaque in the Braunstein Memorial Alcove

Ordered by: ____________________________________________________________
Address: ______________________________________________________________
______________________________________________________________
Email: _________________________________________________________________
Phone: ________________________________________________________________

Plaque Information:

English Name: _______________________________________________________________________
Hebrew Name: _______________________________________________________________________
(Example: Isaac son of Abraham and Sarah)

☐ I would like assistance with Hebrew name

English Date of Death ______________________  ☐ Before Sunset  ☐ After Sunset
Hebrew Date of Death ______________________

☐ I would like assistance in determining Hebrew Date of Death

Please write a sentence about your loved one to be read at the plaque dedication on Selichot:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

To purchase the adjacent space for future Memorial Plaques, please contact Valerie Thaler, vthaler@bethisrael-om.org.

Payment: $500 each  ☐ Charge my account  ☐ Check enclosed  ☐ Credit card (please call office)

Signature: ____________________________  Date: ____________________