



MEMORIAL PLAQUE ORDER FORM

For each plaque, complete form and return with \$500.00

(payable to Temple Emunah with Mem. Plaque in the memo line)

Send to: Ellen L. Weene, Temple Emunah, 9 Piper Road, Lexington, MA 02421

Tel: 781-861-0300 x30 ☆ Fax: 781-861-7141 ☆ E-mail: RabbiAdmin@TempleEmunah.org

Donor's Information:

Name: _____	Date: _____
Phone Number: _____	E-mail: _____
Relationship to Deceased: _____	
<input type="checkbox"/> \$500 check enclosed - Check # _____ or <input type="checkbox"/> Previously Reserved	

Information for Plaque:

ENGLISH NAME	
HEBREW NAME (English transliteration) Format: [deceased's name] <i>ben/bat</i> [father's name] v' [mother's name]	
IN HEBREW LETTERS (if known)	
DATE OF DEATH (secular)	
TIME OF DEATH (at location of death)	
HEBREW DATE (if known)	
DOCUMENTS PROVIDED (optional e.g., photo of gravestone, copy of <i>ketubah</i> , etc.)	List: _____
REQUESTED LOCATION (optional)	1) <input type="checkbox"/> left side or <input type="checkbox"/> right side (of sanctuary, facing <i>bimah</i>) 2) <input type="checkbox"/> toward <i>bimah</i> or <input type="checkbox"/> toward rear (of sanctuary) 3) near another plaque Specify _____

Shaded Area for Office Use Only:

DATE VERIFIED BY RABBI _____	DATE APPROVED BY FAMILY _____
DATE ORDERED _____	DATE INSTALLED _____
SCHEDULED FOR DEDICATION: <input type="checkbox"/> Shemini Atzeret (Fall) or <input type="checkbox"/> Shavuot (Spring)	
PAID BY <input type="checkbox"/> Check # _____ or <input type="checkbox"/> Billed Account or <input type="checkbox"/> RESERVED LOCATION # _____ Attach RESERVE FORM	