



MEMORIAL PLAQUE RESERVE FORM

For each reserved 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: _____
Donor's relationship to person named on Reserved Plaque: _____	
<input type="checkbox"/> \$500 check enclosed - Check # _____	

Information for Plaque (optional):

ENGLISH NAME	
HEBREW NAME (English transliteration) Format: [name] <i>ben/bat</i> [father's name] v' [mother's name]	
IN HEBREW LETTERS (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) adjacent to another plaque Specify _____

Shaded Area for Office Use Only:

PAID <input type="checkbox"/> Check: # _____ or <input type="checkbox"/> by Billed Account
RESERVED LOCATION #
ENTERED IN DATABASE: by _____ date _____