



Request for Memorial Plaque

Date of Request _____

Name of Departed _____
Please print clearly

Date of Death (English) _____
Temple will provide the Hebrew date

Please circle on: Before sundown After sundown

Donor _____

Address _____

Please note: If the name of the spouse of the departed, for whom you are now ordering a Memorial Plaque, is already on one of our Memorial Board, please indicate the name so we may place both plaques together

**Enclosed is my check for \$250.00
made payable to Temple Beth Or**