



**Shaare Torah
Yizkor-Memorial Board
Plaque Order Form**

Please return this form, along with your check payable to “Shaare Torah,” to Shaare Torah, PO Box 83598, Gaithersburg, MD 20883. In addition to memorializing your loved one, your memorial board donation provides important financial support to our congregation. *Thank you for your generous contribution to our community!*

Name of Person Ordering Plaque: _____

Email: _____

Phone: _____

Plaques to be Dedicated			
Quantity	# of Dedications	Donation	Total Amount
First Plaque		@ \$360	\$

Type of Payment (Please check one option)

_____ Check enclosed

_____ Credit Card (Information below)

Please Circle: Visa Mastercard

Number _____ Expiration Date _____ Security Code _____

Signature: _____

IMPORTANT
Please Indicate Plaque Information
on Next Page

Memorial Plaque Information

Thank you for your generous contribution. Please indicate the information, if known, for each plaque. You may include Hebrew names if known and they can be written in English or Hebrew characters. If you do not know the Jewish date, we will compute it for you (for further accuracy, it is helpful to know the approximate time as indicated below). Please write neatly! Thank you for participating in this important project.

Plaque #1

English Name of Deceased : _____

Hebrew Name (if known): _____

Father's Hebrew Name (if known): _____ Mother's Hebrew Name (if known): _____

Secular Date of Death: _____ Jewish Date of Death: _____

Approximate Time of Death: Daytime After Nightfall

Relationship to Person Ordering the Plaque (listed on first page): _____

Plaque #2

English Name of Deceased : _____

Hebrew Name (if known): _____

Father's Hebrew Name (if known): _____ Mother's Hebrew Name (if known): _____

Secular Date of Death: _____ Jewish Date of Death: _____

Approximate Time of Death: Daytime After Nightfall

Relationship to Person Ordering the Plaque (listed on first page): _____

Plaque #3

English Name of Deceased : _____

Hebrew Name (if known): _____

Father's Hebrew Name (if known): _____ Mother's Hebrew Name (if known): _____

Secular Date of Death: _____ Jewish Date of Death: _____

Approximate Time of Death: Daytime After Nightfall

Relationship to Person Ordering the Plaque (listed on first page): _____