



## Shomrei Torah Synagogue

7353 Valley Circle Blvd. West Hills, CA 91304

Phone: 818-854-7650

Fax: 818-854-7155

### MEMORIAL PLAQUE ORDER FORM

#### MEMORIAL PLAQUE ORDER FOR:

English Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Hebrew Name of Father and Mother: \_\_\_\_\_

English Date of Death (circle one - before or after sundown): \_\_\_\_\_

Hebrew Date of Death (if known) or STS will convert for you: \_\_\_\_\_

Signature of person ordering plaque: \_\_\_\_\_ Date: \_\_\_\_\_

#### Yahrzeit Notification:

Yahrzeit notice will be mailed and/or emailed as requested below. You will be given notice of the Shabbat Service dates when the name of your loved one will be read. The STS Yom Kippur Memorial Book will list all names on our Memorial Plaques.

#### Send Yahrzeit Notice to:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

List additional names, contact information and relationship for notification on reverse side

For Office Use: **\$350 – Members; \$500 – Non Members**

Payment received from \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ paid on \_\_\_\_\_

**Additional payment of \$75 for RESERVED plaque** paid on \_\_\_\_\_

Check # \_\_\_\_\_ or Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ Zip: \_\_\_\_\_

Plaque Location: Foyer / Chapel - Column \_\_\_\_\_ Row \_\_\_\_\_ RESERVED space: Column \_\_\_\_\_ Row \_\_\_\_\_