



1 Lafayette Drive, Livingston, New Jersey 07039
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MEMORIAL PLAQUE ORDER FORM

I wish to purchase # _____ memorial plaques in the Main Sanctuary of Etz Chaim.

**Please fill out one form per plaque*

Each Plaque is \$360 (\$270 During the Adar Sale)

CONTACT INFORMATION

First Name(s): _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

PLAQUE ORDERS

**Please note that there are two options for yahrzeit plaques:*

In the middle, under the "Remember the Six Million," the plaques are reserved for those who perished in the Holocaust.

The remaining plaques are available for all other deceased whom you may wish to remember.

Name of Deceased (Eng): _____

Name of Deceased (Heb): _____

Date of Death (Eng mm/dd/yy): _____

After sunset

Date of Death (Heb): _____

Male Female Relationship: _____

Holocaust Plaque Non-Holocaust Plaque

PAYMENT METHOD

Enclosed please find my check for \$ _____. Make checks payable to Congregation Etz Chaim.

No order will be processed without payment. Payments can be made by check, cash, or credit card (Visa, MC or Amex).

Card Number: _____ Expiration Date: _____ Sec Code _____

Amount: \$ _____

Yahrzeit Notification(S)

Yahrzeit notices will be sent to the following people. List additional notifications on the reverse side of this form.

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Email: _____ Email: _____