

**Congregation Etz Chaim**  
**HOLOCAUST MEMORIAL PLAQUE ORDER FORM (one per plaque)**

For those who perished in the Holocaust  
In the Main Sanctuary of Etz Chaim, on the center portion of the memorial wall "Remember the Six Million".

**Cost: \$250 per plaque (price reduced from \$360 - May 1, 2019 through and including May 31, 2019)**

**CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Information about the Deceased**

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

Hebrew Name: format as first name, son/daughter of, father's name \_\_\_\_\_

Date of Death (Eng) if known: \_\_\_\_\_  After sunset

Date of Death (Heb) if known: \_\_\_\_\_

Male  Female Relationship: \_\_\_\_\_

**Please return completed form to the shul office with your payment or credit card information.**

**Price per plaque through May 31, 2019 is \$250.**

**No order will be processed without payment.**

**Please contact Alisha in the office at (973) 597-1655 with questions or to order regular memorial plaques.**

**PAYMENT METHOD**

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

Payments can be made by check, cash, or credit card (Visa or Master Card).

Visa  Master Card

CC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \$\_\_\_\_\_

**YAHRZEIT NOTIFICATION(S)**

Yahrzeit notices will be sent to the following people. List additional names you would like to notify on reverse side of this form.

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

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

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

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

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

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

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

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