

Congregation Etz Chaim
HOLOCUAST 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: _____