

# Memorial Plaque Order Form

Memorialize your loved ones with a plaque naming each one that you will see every time you visit the sanctuary.

- Your loved one’s name will be engraved in both English and Hebrew on each plaque.
- Up to four plaques can be oriented together, and there is an opportunity to choose between the north and south sections, if you wish.
- You may reserve multiple plaques for future use.
- Rabbi Bolton will be happy to help with any questions about the Hebrew portion.



## PLACING THE ORDER

YOUR NAME: \_\_\_\_\_  
PLEASE PRINT CLEARLY

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**DECEASED’S NAME(S)** Confirmation will be sent back to you to verify we have the information as you intend. For people not deceased please check the “Reserved” box. Please use additional sheet if necessary.

ENGLISH NAME \_\_\_\_\_  Reserved  
PLEASE PRINT

HEBREW NAME: \_\_\_\_\_  
USE HEBREW OR ENGLISH LETTERS

LOCATION PREFERENCE:  North Armature  South Armature  No Preference

ENGLISH NAME \_\_\_\_\_  Reserved  
PLEASE PRINT

HEBREW NAME: \_\_\_\_\_  
USE HEBREW OR ENGLISH LETTERS

LOCATION PREFERENCE:  North Armature  South Armature  No Preference

## COMPLETE THIS SECTION ONLY IF YOU ARE INTERESTED IN KEEPING A GROUP OF PLAQUES TOGETHER

Print English Names. Up to FOUR plaques can be oriented together. Please use a separate sheet if necessary.

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**CONGREGATION OR ZARUA**

**PAYMENT INFORMATION**

**Total Plaques requested**

\_\_\_\_\_ @ \$720 per plaque

**Total Amount Due** \_\_\_\_\_

**CHECK IS ENCLOSED** CHECK NUMBER \_\_\_\_\_ CHECK AMOUNT \_\_\_\_\_

**PLEASE CHARGE MY CREDIT CARD** (fill in info below or call 212-452-2310 x12 or x10)

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CARD TYPE: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_ AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_

SECURITY CODE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

***\*PLEASE NOTE: PAYMENT IN FULL MUST BE MADE AT TIME OF ORDER  
OR YOU MAY ARRANGE A MULTIPLE PAYMENT PLAN WITH THE EXECUTIVE DIRECTOR***

**Return completed form with payment to:**

Congregation Or Zarua  
127 East 82<sup>nd</sup> St.  
New York, NY 10028  
FAX: (212) 452-2103

Please contact Helene Santo  
with any questions,  
[hsanto@orzarua.org](mailto:hsanto@orzarua.org)

----- DO NOT WRITE BELOW THIS LINE -----

RECEIVED DATE: \_\_\_\_\_

DATE IN CHAVERWARE \_\_\_\_\_

DATE ORDERED: \_\_\_\_\_

DATE INSTALLED: \_\_\_\_\_

DATE PROOF APPROVED: \_\_\_\_\_

