

TEMPLE BETH AVODAH
Application for Memorial Nameplate

Date: _____

Name of deceased: _____

Relationship to Purchaser: _____

Date of death: _____ A.M. _____ P.M. _____ (after sunset)

Hebrew date of death (if known): _____

Purchased by: _____

Address: _____

Phone #: _____

Please enclose payment with application - \$500 per plaque.

Indicate below if you would like to reserve an adjacent space for the purchase of a plaque at a later date. A deposit of \$250 to reserve a space will be deducted from the cost of the plaque when the purchase is completed.

Please reserve _____ space(s)
I have enclosed a deposit in the amount of \$ _____

Total amount enclosed \$ _____

Allow 6-8 weeks for receipt and installation of a plaque. Checks are payable to Temple Beth Avodah.

For office use:
Plaque ordered from _____ Date _____
Received _____ Installed _____ Donor notified _____