



MEMORIAL PLAQUE

Donor name: _____

Address: _____

I hereby authorize Congregation Beth Am to place on its *Illuminated Bronze Memorial Tablet* a bronze name plate in memory of my _____ (mother, father, grandmother, grandfather or other).

English name of decedent, as you wish it to appear: _____

Hebrew name of decedent, using English letters: _____

Hebrew name of decedent's father, using English letters:

Hebrew name of decedent's mother, using English letters:

Secular date of death (month/date/year): ____ / ____ / ____ Before sunset? ___Y ___N ___Don't know

Signature _____ Date _____

To place your order for one plaque at a cost of \$360, please:

- send this completed form and your check or credit card number (_____) and expiration date (_____) to:

*Congregation Beth Am
P.O. Box 915756
Longwood, FL 32791-5756*

OR

- go to the secure Payments page of our web site (www.CongBethAm). Provide personal information for billing purposes, indicate the amount, specify "Memorial Plaque" in the dropdown list and send this information form to the office.