



## 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: \$360 per plaque (\$270 if ordered before May 15, 2024)**

### 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: \_\_\_\_\_

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

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

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

**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.**

### 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: \_\_\_\_\_

### 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:

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