

1 Lafayette Drive, Livingston, New Jersey 07039 (973) 597-1655 | office@etzchaimnj.com | www.etzchaimnj.org

MEMORIAL PLAQUE ORDER FORM

I wish to purchase a memorial plaque in the Main Sanctuary of Etz Chaim.

*Please fill out one form per plaque

Each Plaque is \$360 (\$270 if ordered before May 15, 2024)

CONTACT INFORMATION

First Name(s):	Last Name:		
Address:	City:	State:	Zip:
Home Phone: Email:			
*Please note that there In the middle, under the "Remember the Six Million The remaining plaques are available for	n," the plaques are reser	ved for those who pe	
Name of Deceased (Eng):			
Name of Deceased (Heb):			
Date of Death (Eng mm/dd/yy):			
☐ After sunset Date of Death (Heb):			
☐ Male ☐ Female Relationship:			
☐ Holocaust Plaque ☐ Non-Holocaust Plaque			
	PAYMENT METHOD	1	
Enclosed please find my check for \$_			
No order will be processed without payment. Paymen	•	,	
Card Number:	Expiration Da	ate: Sec C	ode
Amou	ınt: \$		
YAHRZI	EIT NOTIFICATION	(S)	
Yahrzeit notices will be sent to the following peo	-		
Name:	Name:		
Address:	Address:		
City: State: Zip:	City:		State: Zip:
Email:	Email:		