

Memorial Plaque Order Form

**Yes! I would like to purchase a memorial plaque for my departed loved one.
Each plaque is \$350.00**

Check enclosed Visa MasterCard Discover American Express

Credit Card Information

Credit Card Number _____

Expiration Date _____ 3-digit Security # _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (*home*) _____ (*work*) _____

Signature _____

Each plaque is beautifully engraved with the departed's name and Yahrzeit date.

Name on Plaque _____

English Date of Death _____
(Month/Day/Year, before or after sundown)

Hebrew Date of Death _____
(We will help you with this information) (Month/Day/Year)

Please contact the Temple office for further information at (570) 824-8927

Thank you for your cooperation.

**Temple Israel
239 South River Street
Wilkes-Barre, PA
18702
570.824.8927**