



Mosaic Law Congregation



MEMORIAL PLAQUE ORDER FORM

An appropriate way of memorializing your loved ones is to place a memorial plaque on the beautiful Memorial Tablets lining the walls of our Sanctuary.

Space is available and we encourage you to order plaques for deceased members of your family or your friends. It is also possible to reserve spaces for future use.

Each memorial plaque is lit during the entire week of the deceased's Yahrzeit, (Friday through Friday), as well as on the four occasions when Yizkor, the Memorial Prayer, is recited. On these four occasions - Yom Kippur, the last day of Passover, Shavuot and Shemini Atzeret - all the lights on the Memorial Tablets are illuminated to remember those memorialized.

Each plaque, or reserved space, may be ordered for \$375.00. For more information, please contact our office.

CAREN RUBIN
CHAIRMAN, MEMORIAL BOARD

I would like to order the following memorial plaque(s)

Date _____

Your Name _____

Your Address _____

City, State, Zip _____

Phone _____

Plaque #1: The plaque is to be engraved as follows:

Name of Deceased _____

Month, Date, Year of Death _____ Time of Death _____

Hebrew Name of Deceased _____

Hebrew Name of **Father** of the Deceased _____

Hebrew Name of **Mother** of the Deceased _____

Check One: Kohen _____ Levite _____ Israelite _____

(Note: Please allow 8 to 12 weeks from the time we receive your payment and order, for the plaque to be installed. If you have any questions, please contact our office at 916-488-1122.

PLEASE CHECK APPROPRIATE BOX:

_____ Please call me when the plaque arrives. I wish to be present when it is placed on the Memorial Tablet

_____ I do not need to be present, but please let me know that the plaque has been placed.

Please turn over for additional orders

Plaque #2: The plaque is to be engraved as follows:

Name of Deceased _____
Month, Date, Year of Death _____ Time of Death _____
Hebrew Name of Deceased _____
Hebrew Name of **Father** of the Deceased _____
Hebrew Name of **Mother** of the Deceased _____
Check One: Kohen _____ Levite _____ Israelite _____

(Note: Please allow 8 to 12 weeks from the time we receive your payment and order, for the plaque to be installed. If you have any questions, please contact our office at 916-488-1122.)

PLEASE CHECK APPROPRIATE BOX:

_____ Please call me when the plaque arrives. I wish to be present when it is placed on the Memorial Tablet
_____ I do not need to be present, but please let me know that the plaque has been placed.

Plaque # 3: The plaque is to be engraved as follows:

Name of Deceased _____
Month, Date, Year of Death _____ Time of Death _____
Hebrew Name of Deceased _____
Hebrew Name of **Father** of the Deceased _____
Hebrew Name of **Mother** of the Deceased _____
Check One: Kohen _____ Levite _____ Israelite _____

(Note: Please allow 8 to 12 weeks from the time we receive your payment and order, for the plaque to be installed. If you have any questions, please contact our office at 916-488-1122.)

PLEASE CHECK APPROPRIATE BOX:

_____ Please call me when the plaque arrives. I wish to be present when it is placed on the Memorial Tablet
_____ I do not need to be present, but please let me know that the plaque has been placed.

Payment Information

Check Enclosed: Check # _____ Amount \$ _____

Please make checks payable to: Mosaic Law Congregation

Credit Card:

Name on Card: _____
Billing Address _____
Street Address _____ City _____ State _____ Zip Code _____
_____ VISA _____ MasterCard _____ American Express _____ Discover
Credit Card # _____ Expiration Date _____ 3-digit Security Code _____
Total Amount \$ _____

Signature _____