

Naples Jewish Congregation Ritual Committee

PO Box 111994, Naples FL 34108

Memorial Plaque Order Form

Print this form and fill the blanks with the proper information. The charge for a memorial plaque is \$180. Please make your check payable to Naples Jewish Congregation. Mail form and check to NJC Ritual Committee, PO Box 111994, Naples, FL 34108.

Purchaser Information:

First Name _____ Last Name _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____ E-mail _____

Information About Deceased to Appear on Plaque:

In memory of:

_____ English Name Hebrew Name (If Known)

Date of Death: (Civil) _____ (Hebrew if known) _____

On which date do you want to observe Yahrzeit? () Civil () Hebrew

Parents of deceased:

Father's Hebrew Name (If known) _____

Mother's Hebrew Name (if known) _____

Send Yahrzeit Notice To:

_____ Name

_____ Street Address Apt./Unit

City _____ State _____ Zip _____

If you would like a Yahrzeit notice sent to another address, please list it on the back of this form.