



Temple  
CHAI

602-971-1234 | Fax 602-971-5909 | e-mail [templechai@templechai.com](mailto:templechai@templechai.com)

***Memorial Plaque Order Form***

\_\_\_\_\_  
*Hebrew Name (in Hebrew characters)*

\_\_\_\_\_  
*Hebrew Name (in English characters)*

\_\_\_\_\_  
*English Name*

*English Date of Death* \_\_\_\_\_ *Hebrew Date of Death* \_\_\_\_\_

***INFORMATION TO BE COMPLETED PRECISELY AS DESIRED ON PLAQUE.***  
*(Hebrew may be filled in by the Rabbi with your approval and verification)*

***Please complete the following:***

*Ordered by:* \_\_\_\_\_

*Relationship – this person was my:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Signature:* \_\_\_\_\_

***Please allow 10-12 weeks for delivery of plaque***

***Cost: \$360 for Temple Chai members \$500 for non-members***

---

*For Office Use Only:*

***Fill in Dates***

*Plaque Ordered:* \_\_\_\_\_

*Payment Type:* \_\_\_\_\_

*Received:* \_\_\_\_\_

*Party Called:* \_\_\_\_\_

*Membership Management:* \_\_\_\_\_