



**Temple Beth-El**  
 3610 Dundee Road  
 Northbrook, IL 60062  
 847-205-9982 phone  
 847-205-9921 fax

**DEADLINE: August 23, 2017**

For the plaque to be included in this year's  
 Scroll of Remembrance Book

**TEMPLE BETH-EL MEMORIAL PLAQUE PURCHASE ORDER FORM**

PLEASE PRINT ALL INFORMATION

DATE \_\_\_\_\_

YOUR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I would like the following name(s) to be inscribed on the Memorial Wall of Temple Beth-El.

**NAME TO BE INSCRIBED** \_\_\_\_\_

English Date of Death \_\_\_\_\_

Hebrew Date of Death \_\_\_\_\_

Was the death after sundown  Yes  No

**NAME TO BE INSCRIBED** \_\_\_\_\_

English Date of Death \_\_\_\_\_

Hebrew Date of Death \_\_\_\_\_

Was the death after sundown  Yes  No

Please mark your preference: Notify me by  Hebrew date of death  English date of death

**Each plaque is \$750; one name only is inscribed on each plaque.**

Please consider adding 3% of total as a tax deductible donation to cover Temple Beth-El's credit card costs

Check enclosed \$ \_\_\_\_\_ or  Visa  MasterCard  Discover  Amex

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_ (the 3-digit number on the back of the card) or Amex (4 digit code) \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ Date ordered \_\_\_\_\_ Date received \_\_\_\_\_ Date installed & purchaser called ( rev 2017)