

CONGREGATION SHARAH ZEDEK ORDER FORM FOR YAHRZEIT PLAQUE: *Cherish a Memory*

Please print this page, complete, and return by mail to:
PO Box 1694, Westerly, RI 02891. Please include a non-refundable donation of
\$300 for each plaque ordered. Checks should be made payable to
Congregation Sharah Zedek.

Information

Donor's First Name: _____ Donor's Middle Initial: _____

Donor's Last Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Mailing Address

Street Address: _____

City: _____ State: _____ Zip: _____

Plaque Information

English Name to be engraved on plaque: _____

Date of Birth: _____ Before Sunset ☐ After Sunset ☐

Date of Death: _____ Before Sunset ☐ After Sunset ☐

Comments: _____
