

Congregation Beth Shalom Memorial Board Plaque Form

For CBS Ritual Committee: Date received: _____ Payment: _____ Plaque Ordered on: _____ By: _____
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This information is required to order a Memorial Plaque.

Please provide all information as complete as possible and print clearly.

Photocopy this form from the Newsletter, ONE FORM PER PLAQUE, Each Plaque is \$360

Enter all information and mail it back to CBS

Memorialized Name as you wish it to appear on the brass plaque:
(Ex. First Middle Last, nickname, initials, etc.)

Please provide information for the person mentioned above:

Hebrew or Yiddish Name of the person above:

Mother's Hebrew or Yiddish name

Father's Hebrew or Yiddish name

Date of Death (English Month, Day & Year)

Was the time of death Before Sundown , After Sundown , or Don't know ?

Was the person a Kohen , Levi or Don't know ?

The information you provided will be styled to existing memorial plates.

Submit to CBS Ritual Chairperson with your donation.

Allow 6-8 weeks for plate to be made and delivered to synagogue.

This form is submitted by: _____

Address (street, city , state & zip): _____

Phone number if there are any questions regarding this order: _____

Check enclosed

Credit Card - Visa/MC # _____ Expiration date: _____ CCV: _____

Signature: _____ Date: _____

Mail to: CBS • 2790 California Ave. • Corona, CA 92881 ATTN: Jackie Williams