

Beth David Synagogue
804 Winview Drive
Greensboro, North Carolina 27410
336.294.0007 • www.bethdavidsynagogue.org

MEMORIAL PLAQUE ORDER FORM

Name of Deceased _____

Yartzeit Date _____

Secular Calendar, Date of Death with year _____
(If yartzeit date is not known, Time of Death: Daytime or Night)

Deceased Hebrew Name _____

Deceased's Father's & Mother's Hebrew/Jewish Names _____

Person Placing Plaque Order _____

Date of Order _____

Yartzeit plaque will appear in Hebrew and English characters, unless you request otherwise

אברהם בן משה Abraham Lincoln
April 14, 1865 18 Adar 5625

\$360.00 per Memorial Plaque
Please make check payable to Beth David Synagogue

Office Use Only

Date Ordered _____
Assessed/Paid _____
Date Plaque Received _____
Position on Board _____