



Shomrei Torah Synagogue

7353 Valley Circle Blvd. West Hills, CA 91304

Phone: 818-854-7650 Fax: 818-854-7155

MEMORIAL PLAQUE ORDER FORM

MEMORIAL PLAQUE ORDER FOR:

English Name: _____

Hebrew Name: _____

Hebrew Name of Father and Mother: _____

English Date of Death (circle one - before or after sundown): _____

Hebrew Date of Death (if known) or STS will convert for you: _____

Signature of person ordering plaque: _____ Date: _____

Yahrzeit Notification:

Yahrzeit notice will be mailed and/or emailed as requested below. You will be given notice of the Shabbat Service dates when the name of your loved one will be read. The STS Yom Kippur Memorial Book will list all names on our Memorial Plaques.

Send Yahrzeit Notice to:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Email: _____

Email: _____

Phone: (_____) _____

Phone: (_____) _____

Relationship: _____

Relationship: _____

List additional names, contact information and relationship for notification on reverse side

For Office Use: **\$350 – Members; \$500 – Non Members**

Payment received from _____ in the amount of \$ _____ paid on _____

Additional payment of \$75 for RESERVED plaque paid on _____

Check # _____ or Credit Card # _____ Exp: _____ Zip: _____

Plaque Location: Foyer / Chapel - Column _____ Row _____ RESERVED space: Column _____ Row _____