

**Memorial Dedication Order Form for Plaques**  
**\$40 each, Five for \$36 each or Ten for \$32 each**  
**Fill out one form for each plaque**

**Date Ordered:** \_\_\_\_\_

**Name of deceased:** \_\_\_\_\_

**Birth year:** \_\_\_\_\_

**English date of death (month, day, year)** \_\_\_\_\_

**Hebrew date of death (i.e 7 Sivan, 5751)** \_\_\_\_\_

- **If you do not know the Hebrew date of death we will look it up.**

**I prefer not to have the Hebrew date of death on the plaque**

**Donor Name:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Phones: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Payment Method** (Please consider paying by check, thus saving the Havurah credit card fees)  
*If ordering more than one plaque, fill out information below just once.*

**Total amount of order: \$** \_\_\_\_\_

Check enclosed

Charge my credit/debit card:

**Debit/Credit Card Information**

MasterCard

Visa

Discover

American Express

**Card #:** \_\_\_\_\_

Expires: \_\_\_\_ / \_\_\_\_

Security code \_\_\_\_\_

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

**Billing address (if different than above):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mail to Havurah Shir Hadash, P.O. Box 1262, Ashland, OR 97520.**  
**Call 541-488-7716 with questions. Thank you!**