

Memorial Wall Plaque Order Form

Name of Person Purchasing Plaque: _____

Credit Card Check

Address: _____

Phone #: _____

Please Charge My:

Visa Mastercard

Account # _____ Expiration _____

3-digit Security Code _____

I hereby authorize Congregation Kol Ami to charge my credit card \$360.00 (member)

\$720 (non-member)

Signature _____

To Appear on Plaque

English Name: _____

Hebrew Name _____

Date of Death _____

*Plaques can be purchased by or for Jewish family members of our congregation, their non-Jewish spouse and immediate children