



NORTH SHORE
CONGREGATION
ISRAEL

Yahrzeit Memorial Plaque Order Form

Date: _____

PLAQUE INFORMATION

Name of Deceased: _____

Year of Birth: _____

Year of Death: _____

Armed Services: Yes No

Yahrzeit Information

Date of Death (Month/Day/Year): _____

Date Observed: English Hebrew

Billing Information

Name: _____

Address: _____

Preferred Phone: _____

Email: _____

PLEASE CHECK THE APPROPRIATE BOX:

Payment Enclosed: \$1,000

Contact me to pay by Credit Card: \$1,000

Signature: _____

Please contact Sarah Duffin with questions: sarahd@nsci.org or call: 847.835.0724. Thank you.