



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 Ruth Opad with questions: rutho@nsci.org or call: 847.835.0724. Thank you.