



TEMPLE
SINAI

APPLICATION FOR YIZKOR MEMORIAL PLAQUE

Name of Donor _____

Relationship to Donor _____

Address _____

Phone Number _____

Plaque Inscription to Read:

(Name of Loved One)

(Hebrew Name – Optional)

(Date of Death)

(Hebrew Date of Death – Optional)

Do you wish to observe the *English* or the *Hebrew* date of death?

Please send this form with your donation (minimum \$500.00) to:

Temple Sinai of Sharon
25 Canton Street
Sharon, MA 02067

For office use only:

Date Received _____

Check # _____