

Greenburgh Hebrew Center — Memorial Plaque Order Form

1. Print all information (both sides).
2. Be sure everything is correct.
3. Sign your name on the copy.
4. Make a check payable to Greenburgh Hebrew Center
 - \$360.00 per plaque order (GHC MEMBERS)
 - \$500.00 per plaque order (NON-MEMBERS)
5. Mail form and check back to:
Greenburgh Hebrew Center, 515 Broadway,
Dobbs Ferry, NY 10522
6. If you need more information, or any help with
the Hebrew Dates or Names please call the
Office 914-693-4260.

PURCHASER INFORMATION

Name _____ **Phone #** _____

Address _____

City _____ **State** _____ **Zip** _____ **Email** _____

HEBREW ALPHABET CHART

Please print legibly! For the Hebrew inscription, please place the number in the square in accordance with the letter of the alphabet. To designate a space between words, leave a square blank.

¹ א ₁	² ב ₂	³ ג ₃	⁴ ד ₄	⁵ ה ₅	⁶ ו ₆	⁷ ז ₇	⁸ ח ₈	⁹ ט ₉	^O י ₁₀	^M כ ₁₁	^L ך ₁₂	^R ל ₁₃	^T מ ₁₄	^Y ם ₁₅	^U נ ₁₆	^I ן ₁₇	^O ס ₁₈	^P ע ₁₉	^P פ ₂₀
^S ף ₂₁	^D צ ₂₂	^F ץ ₂₃	^G ק ₂₄	^H ר ₂₅	^J ש ₂₆	^K ת ₂₇	^L ' ₂₈	[:] " ₂₉											

The boxes in the top right hand corner of each letter is for office use only.

Name of Deceased (First Line)

[illegible]

Hebrew Name (Use Alphabet Guide Numbers) (Second Line)

[illegible]**English Date of Death (Third Line)***[illegible]**Hebrew Date of Death Third Line)***[illegible]

***Time of Death :** _____ ☐ AM ☐ PM

***Leave blank if you are reserving a plaque**

(Inclusion of Time of Passing is optional but such information helps to ensure accuracy of Hebrew date)

PLAQUE RESERVATIONS

If you have reserved plaque please fill out the information below:

Location of Plaque: _____



SIGNATURE: _____

DATE: _____

Memorial Plaque Order Form

We send annual reminders in advance of the anniversary of the death of the person for whom a Memorial Plaque is purchased. Please provide us with the following information for each person to whom these Yahrzeit notices should be sent.

Recipient 1: _____ Relationship to Deceased: _____
 First Name Last Name

Address: _____
 Street City State Zip Code

Phone: _____ Email: _____

Recipient 2: _____ Relationship to Deceased: _____
 First Name Last Name

Address: _____
 Street City State Zip Code

Phone: _____ Email: _____

Recipient 3: _____ Relationship to Deceased: _____
 First Name Last Name

Address: _____
 Street City State Zip Code

Phone: _____ Email: _____

Add additional pages if needed

We normally base Yahrzeit reminders on the Hebrew anniversary. Please check here if you would like the reminders to be based on the English date instead. ☐

OFFICE USE ONLY

Paid with Check # _____		Date: _____		
	Yes	No	Date	Initial
Submitted to Rabbi	<input type="checkbox"/>	<input type="checkbox"/>		
Reviewed by Rabbi	<input type="checkbox"/>	<input type="checkbox"/>		
Submitted to Vendor	<input type="checkbox"/>	<input type="checkbox"/>		
Proof approved by Rabbi	<input type="checkbox"/>	<input type="checkbox"/>		
Submitted to Vendor	<input type="checkbox"/>	<input type="checkbox"/>		
Installed by				
Plaque location				