SIMPLY USE THE NUMBERS BELOW
TO INDICATE HEBREW TEXT:

ת	ש	ר	ק	צ	ץ	צ	ף	פ	ע	ס	ן	נ	ם	מ	ל	ך	כ	י	ט	ח	ז	ו	ה	ד	ג	ב	א
27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	

Hebrew Name of Deceased:

Full English Name of Deceased:

English Yahrzeit Date:

Hebrew Yahrzeit Date:

Price per Plaque: $500

INSTRUCTIONS

1. Please fill in the above lines using the numbers provided to designate Hebrew text. Above the numbers, please write out Hebrew name, if possible.
2. The Hebrew name should consist of the name of the deceased and the name of his/her father.
3. Return the completed form with payment in full to the Shul office or fax back with credit card information below.
4. Call (905) 886-3810 ext. 133 if you need any assistance. Please allow 6-8 weeks for the plaque to be posted.

Name Telephone

Address

City Province Postal Code

Authorized Signature Date

Please charge to my VISA / MasterCard (circle one):

Expiry: /

Office Use: ☐ Entered DB ☐ Ordered ☐ Proof OK ☐ Received ☐ Mounted (Date:

BETH AVRAHAM YOSEPH OF TORONTO CONGREGATION
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