



Congregation Darchei Noam

864 Sheppard Avenue West, Toronto, Ontario M3H 2T5 Canada
Telephone 416-638-4783 Fax 416-638-5852 info@darcheinoam.ca

Yahrzeit Plaque Order Form

The main sanctuary at Darchei Noam features a unique Yahrzeit Plaque Wall which helps remind members and guests about the passing of those dear to us. The name and date of death for each person commemorated is engraved on an elegant glass plaque in beautiful gold lettering. Before the week of the Yahrzeit date, the plaque is moved from the main shelves to the specially-illuminated highlight wall closest to the main doors of the prayer hall. The Yahrzeit Plaque Wall is crowned with a paraphrased quote from the Song of Songs: ***“For love is stronger than death.”***

Please note that the office processes plaque orders twice a year. It may take up to one year to receive your plaques in the shul and display them. If you need assistance filling out this form, or determining Yahrzeit dates, please contact Lindsay in the synagogue office at lindsay@darcheinoam.ca or at 416-638-4783 x27. **Hebrew and Yiddish names should be provided with their parents’ names in the following format: “Yitzchak ben Avraham v’Sara” or “Golda bat Hershl v’Sheindl”.** If you would like to pay in installments, please return this form along with postdated cheques. If you would like to schedule future credit card payments, please provide exact dates and amounts on a separate sheet. Payment must be completed within six months of ordering.

I require Yahrzeit Name Plaques for the following people (please print):				
English Names	Hebrew or Yiddish Names	Gregorian Date of Death	Before Sunset	After Sunset
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>

COST FOR ONE PLAQUE:	\$475.00 each	<i>You will receive a tax receipt for your donation.</i>		
COST FOR 2 PLAQUES OR MORE:	\$425.00 each	<input type="radio"/> Cheque enclosed	<input type="radio"/> Visa	<input type="radio"/> Mastercard
TOTAL PAYABLE TO “CONGREGATION DARCHEI NOAM”:	\$	Card Number:		
Name on Credit Card:		Expiry Date:		

Name (please print): _____

Telephone: _____ Email: _____

Signature: _____ Date: _____