



TEMPLE CHAI

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Memorial Plaque Order Form

_____ *Hebrew Name (in Hebrew characters)*

_____ *Hebrew Name (in English characters)*

_____ *English Name*

_____ *English Date of Death*

_____ *Hebrew Date of Death*

*INFORMATION TO BE COMPLETED PRECISELY AS DESIRED ON PLAQUE.
(Hebrew may be filled in by Rabbi with your approval and verification).*

Please complete the following:

Ordered by: _____

Relationship to the person who the plaque is for: _____

Address: _____

Phone: _____ *Signature:* _____

Please allow 10-12 weeks for delivery of plaque

Cost: \$360 for Temple Chai members \$500 for non-members

_____ *For Office Use Only:*

Fill in Dates

Plaque Ordered: _____

Received: _____

Party Called: _____

Accepted: _____

Membership Management: _____

Chai Lights: _____