

BETH EL TEMPLE OF WEST HARTFORD
2626 Albany Avenue
West Hartford, CT 06117
(860) 233-9696

Subscription for MEMORIAL WALL PLAQUE Date _____

This is my order for a Beth El Temple Memorial Wall Plaque in the name of:

English date of death _____ Before sunset _____

After sunset _____

Hebrew date of death (If Known) _____

Enclosed is a check in the amount of \$500.

Signature: _____

Address: _____

Phone number: _____

Plaque will be ordered upon receipt of payment and this order form. It will hang in the Chapel until the week of yahrzeit when it will be displayed with a lighted electric candle. If requested, the name will be mentioned at the Friday evening service prior to yahrzeit.

If there are any questions, please call the Temple office at (860-233-9696).

For Temple use only:

Check amount \$ _____, # _____ and date received _____

Date plaque ordered _____

Date plaque received _____

Notified donor of arrival date _____