

מַיְמוֹנִידִים Maimonides School

MEMORIAL PLAQUE ORDER FORM

I/We wish to purchase _____ memorial plaques in the S. Joseph Solomont Synagogue at Maimonides School.

I/We understand that the cost for EACH plaque is \$750.

CONTACT INFORMATION

First Name(s): _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

PLAQUE ORDERS

Please include additional plaque orders on the reverse side of this form.

Plaque 1: Male Female

Plaque 2: Male Female

Name of Deceased (Eng): _____

Name of Deceased (Eng): _____

Name of Deceased (Heb): _____

Name of Deceased (Heb): _____

Date of Death (Eng): _____ After Sunset? _____

Date of Death (Eng): _____ After Sunset? _____

Date of Death (Heb): _____

Date of Death (Heb): _____

Your Relationship to the Deceased: _____

Your Relationship to the Deceased: _____

PAYMENT METHOD

No order will be processed without payment.

1. Enclosed please find my check for \$ _____. Make checks payable to Maimonides School.

2. Please charge my VISA/MasterCard/Discover.

Name on Card: _____ Card Number: _____ Exp. Date: _____

Yahrzeit Notification(S)

Yahrzeit notices will be sent to the following people. List additional notifications on the reverse side of this form.

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Ph.: _____ Work Ph.: _____

Home Ph.: _____ Work Ph.: _____

Email: _____

Email: _____

Please return this form with payment to the Development Office at Maimonides School, 34 Philbrick Road, Brookline, MA 02445 in the enclosed envelope. A limited number of special recognition plaques are available. For more information, please contact the Development Office or contact Ahron Solomont at (617) 566-3867 or asolomont@aol.com.