

Chabad Jewish Center – Memorial Plaque Form

*IMPORTANT NOTE: Orders cannot be placed until this form is filled out in its entirety.
If you have questions, please contact the Chabad office at (727) 344-4900.*

Memorial Plaque to Honor:

English Name: (First Name) _____ (Last Name) _____

Hebrew Name: (First/Middle Name) _____ (Father's Name) _____

Date of Passing (MM/DD/YEAR): (English Date) _____ (Hebrew Date) _____

Time of Passing (00:00): _____ AM PM

(Inclusion of Time of Passing is optional but such information helps to ensure accuracy of Hebrew date)

Plaque (with light) to be lit every year for Yahrzeit and on Yom Kippur \$400 per plaque

Payment Method: Check enclosed Visa/MC/AMEX/Discover _____ Exp. _____

Signature: _____

**Please mail this form and payment (as applicable) in the enclosed self-addressed envelope to:
Chabad Jewish Center of Greater S. Petersburg – 4010 Park Street North, S. Petersburg, FL 33709**

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