

# 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.