
NESHAMA – MEMORIAL PLAQUE FORM

First Name: _____

Family Name: _____

Hebrew Name: _____

Father's Name: _____

Day/Month/Year of Passing: _____

Day/Evening: _____

Your Full Name: _____

Relationship of Deceased: Mother Father

Brother Sister Spouse Other _____

Enclosed is a check of \$360 for the plaque

Please charge \$360 to my Visa / MC

Card #: _____ Exp.: ____/____

*The Plaque Board was donated by Mr. and Mrs. Lou & Linda Koval
Please return form to Chabad of Randolph 48 West Hanover, Randolph NJ 07869*