

**Congregation Beth Simchat Torah**  
**Memorial Plaque Request Form**  
**(Please use separate form for each plaque requested)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I wish to have a plaque installed at CBST memorializing:

---

Name in Hebrew or English (Please print clearly)

	Yes or No
Date of death according to English calendar	Before Sundown?

---

Date of death according to Hebrew calendar (Leave blank if not known)

Category:

\_\_\_\_\_ Member requesting plaque for parent, sibling, child, partner - \$150

\_\_\_\_\_ Member requesting plaque for individual other than above - \$250

\_\_\_\_\_ Non-member requesting plaque - \$400

For yortzeit reminders letters, relationship of deceased to plaque purchaser \_\_\_\_\_

Total Remittance - \$ \_\_\_\_\_

Send Check or Credit Card Payment – MasterCard or Visa

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_\_ Sec Code \_\_\_\_\_  
Fax – 212-620-3154

CBST  
57 Bethune St  
New York, NY 10014

Please indicate to whom yortzeit reminder should be sent to if different than above:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_