



TEMPLE  
EMUNAH

# MEMORIAL PLAQUE **RESERVE** FORM

*This form is to reserve a plaque in advance for a non-deceased person.*

For each plaque, submit form & \$500.00 payable to Temple Emunah with Mem. Plaque in the memo line.

Send to: Hannah Arwe, Temple Emunah, 9 Piper Road, Lexington, MA 02421  
Tel: 781-861-0300 x30 ☆ Fax: 781-861-7141 ☆ E-mail: [harwe@templeemunah.org](mailto:harwe@templeemunah.org)

## Donor's Information:

Name: _____	Date: _____
Phone Number: _____	E-mail: _____
Donor's relationship to person named on Reserved Plaque: _____	
<input type="checkbox"/> \$500 check enclosed - Check # _____	

## Information for Plaque (optional):

<b>ENGLISH NAME</b>	
<b>HEBREW NAME</b> (English transliteration) Format: [name] ben/bat [father's name] v' [mother's name]	Name: _____ <input type="checkbox"/> Kohen ben/bat/b': _____ <input type="checkbox"/> Levi Father's name: _____ Mother's name: _____
<b>IN HEBREW LETTERS</b> (if known)	
<b>DOCUMENTS PROVIDED</b> (optional e.g., photo of gravestone, copy of ketubah, etc.)	List: _____
<b>REQUESTED LOCATION</b> (optional)	1) <input type="checkbox"/> left side or <input type="checkbox"/> right side (of sanctuary, facing bimah) 2) <input type="checkbox"/> toward bimah or <input type="checkbox"/> toward rear (of sanctuary) 3) adjacent to another plaque  Specify _____

## Shaded Area for Office Use Only:

<b>PAID</b> <input type="checkbox"/> Check: # _____ or <input type="checkbox"/> by Billed Account
<b>DATE VERIFIED BY RABBI</b> _____ <b>DATE APPROVED BY FAMILY</b> _____
<b>RESERVED LOCATION #</b>
<b>ENTERED IN DATABASE:</b> by _____ date _____