

CHABAD

The Palisades Shul

B”H

“WE REMEMBER WITH LOVE”

Please inscribe _____ # of plaque(s) in loving memory of

_____.

Date of passing: _____

Time of passing: _____ AM/PM

City & Country of passing: _____

Your donations should be as follows:

- 1) \$540 for a single plaque
- 2) \$1000 for two plaques
- 3) \$500 for each additional plaque thereafter

Method of payment:

- a) Please bill my VISA/ MC/ AMEX (circle one)

Billing address: _____

Card #: _____

Expiration date: _____

- b) please send me an invoice to

- c) Enclosed please find a check in the amount of \$_____ for
_____ (# of plaques) on the Yahrzeit Memorial Board.

Name: _____ Signature: _____

Please fax back to 310 454 5567