



Congregation Tikvat Jacob Beth Torah Memorial Plaque Order Form

Jewish tradition affirms the importance of honoring the memory of our loved ones who have passed away. We can do so by living the positive values they represented and taught us, and by performing mitzvot, tzedakah and deeds of lovingkindness in their memory.

Congregation Tikvat Jacob provides a Memorial Tribute wall in our sanctuary that memorializes the names of hundreds of past synagogue members and their families. Choosing to honor the memory of family members by dedicating such a plaque is a beautiful and lasting way of remembering your loved ones. Please contact the synagogue office if you have any questions.

Donor's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code** _____

Phone Number: _____ **Email Address:** _____

Memorial Dedicated to:

English Name: _____

Hebrew Name: _____

ben/bat _____
(son or daughter)

Date of Death _____ **Time:** _____

Location of Death: _____

The donation for a memorial plaque is \$450. You are welcome, however, to make a larger donation in memory of your loved one. This can be paid by check or credit card. A credit card form is attached.



Credit Card Payment Authorization Form

If you would like to enjoy the convenience of automatic donations, simply complete the Credit Card Information section and sign below. All requested information is required. Upon receipt, we will automatically bill your credit card for the amount indicated and your total charges will appear on your credit card statement. You may cancel this automatic billing authorization at anytime by contacting us.

Payment Information

I authorize Congregation Tikvat Jacob to automatically bill the card listed below as specified.

Cardholder Name: _____ Date: ____ / ____ / ____

Billing Address: _____

City/State/Zip Code _____

Phone: (____) _____ - _____

I am paying for: _____ In the amount of: \$ _____

Beginning: ____ / ____ Ending: ____ / ____

Frequency

- ☐ Single Payment ☐ Semi-Annually (2 Payments of \$ _____)
☐ Monthly (____ payments of \$ _____) ☐ Other: _____
☐ Quarterly (4 Payments of \$ _____) _____

Signature: _____

VISA / MASTERCARD/ AMEX ONLY!

VISA/ Mastercard/AMEX (Circle)

Card Number _____ EXP ____/____
CID _____