



GRJC Memorial Plaque Order Form

PLEASE PRINT CLEARLY

Plaque requested by:

Name _____

Address _____

City _____ State _____ Zip Code _____

Signed _____ Date _____

Phone _____ Email _____

Name of Deceased _____

Date of Death (Gregorian) _____

Time of death (*before or after nightfall*) _____

Hebrew Date of death (if known) _____

Deceased's Relationship to Congregant (*for annual yahrzeit reminder letter*)

Complete this form and return to : Glen Rock Jewish Center
682 Harristown Rd., Glen Rock, NJ 07452, Attn : Main Office

Each bronze memorial plaque is \$360.00, payable by check or credit card.
Payment due with completed form.

If you would like to reserve space for a plaque next to this one, payment in full for reserved plaque is required at the time you place this order. Please direct inquiries to (201) 652-6624 or office@grjc.org.

Check number _____ Date _____

Amex M/C Visa Discover

Credit card number _____ Exp. Date _____

Billing address _____

Signature _____