



Congregation Nevei Kodesh

Jewish Renewal Community of Boulder

1925 Glenwood Drive

Boulder, CO 80304

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Nevei Kodesh Remembrance Wall Plaque Order Form

Thank you for your generosity in honoring your loved one(s) by adding their name(s) to the Nevei Kodesh Remembrance Wall. By perpetuating the memory of our loved ones, they live on through us.

Please provide the information requested below, and return along with a check for \$360 made out to Congregation Nevei Kodesh, or fill in credit card information. You can also fill out a form and pay online at www.neveikodesh.org/remembrance-wall.html

Name plaques will generally be added to the wall within 3 weeks. You will be notified when the plaque is installed. Please include plaque information for additional names on a separate sheet.

Name of Deceased in English as you would like it to appear

Hebrew Name of Deceased (if known and if you would like it on the plaque). Hebrew names are typically “deceased’s name son/daughter of deceased’s parent(s)’s name”. Please write English transliteration and in Hebrew if possible. The Hebrew name will be written in Hebrew on the plaque.

_____ Before sunset? _____ Y/N
Gregorian Date of death if you would like it on the plaque (month, day and year)

Hebrew Date of death if you would like it on the plaque (we can calculate this from Gregorian date if you don’t know)

Additional English _____ or Hebrew _____ text on plaque. Examples: In Loving Memory, May His/Her Memory be a Blessing, Of Blessed Memory, זיכרונו לברכה (*zikhrono livrakha*), Peace be Upon Her/Him (*Aleyha ha-shalom*) עליה השלום.

Your name(s) _____ Relationship to the deceased _____

Address: _____

Phone : _____ Email: _____

I would like to place _____ (#) names at \$360.00 each

Total amount: _____

If you are paying by credit card, please consider adding 2.5% (\$9 per name) to your total to help defray our processing costs.

___ I will send a check to Nevei Kodesh, 1925 Glenwood Drive, Boulder, CO 80304

___ I will pay by credit card online at www.neveikodesh.org or ___ Please charge my credit card.

Name on card: _____ Type of card: Visa ___ MasterCard ___

Credit Card Number: _____ Exp. date: _____ Sec. Code: _____

Signature: _____

For further information, please call 303-443-4567 or email Lolly@neveikodesh.org