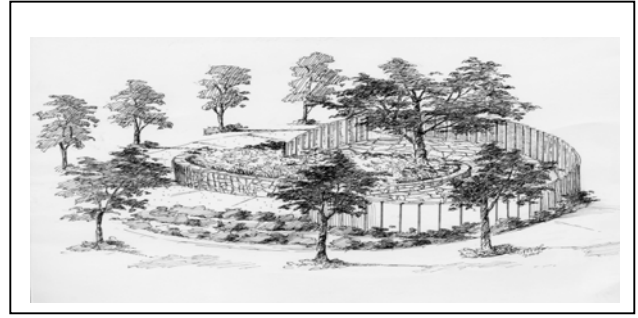


Yahrzeit Memorial Request Form



Congregation Shir Hadash has a special Memorial Garden Area that contains a beautiful Memorial Wall. This wall provides an opportunity for us to remember those who have touched our lives but are no longer with us. When you inscribe a name on the wall you are rekindling the light of their spirit in a permanent memorial set on our campus. There is a one-time fee of \$500 for each name that is inscribed. Orders for reserved space can also be purchased for \$500 each. These fees are payable at the time of ordering.

To recognize a loved one by inscribing their name on our Memorial Wall, or to reserve space for a future inscription, please print and fill out the form below and return it with the appropriate payment to:

Memorial Wall Committee
Congregation Shir Hadash
20 Cherry Blossom Lane
Los Gatos, CA 95032-4637

PLEASE PRINT

Donor's Name		Telephone Number	
Alon ILDAU		408-111-1111	
Address			
1099 REHOV STREET	SAN JOSE	CA	95555
Street	City / State		Zip Code
Email Address			
AI@ GATE.COM			
<input checked="" type="checkbox"/> Congregant		<input type="checkbox"/> Non-Congregant	

I would like to order a Yahrzeit Memorial Wall engraving for:

1 NAME

M	O	R	D	E	C	H	A	I			M	E	L	O	S	H	E	N	K	O	W	I	T	Z		
---	---	---	---	---	---	---	---	---	--	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

DATES

Birth Date	Month	Day	Year	Death Date	Month	Day	Year
	JUNE	6	1925		JULY	4	1969

Use English Calendar Dates Use Hebrew Calendar Dates (written in English)

Relationship of deceased to you **FATHER**

2 NAME

B	E	N	J	A	M	I	N			M	E	L	O	S	H	E	N	K	O	W	I	T	Z		
---	---	---	---	---	---	---	---	--	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

DATES

Birth Date	Month	Day	Year	Death Date	Month	Day	Year
	APRIL	19	1898		MAY	27	1973

Use English Calendar Dates Use Hebrew Calendar Dates (written in English)

Relationship of deceased to you **GRANDFATHER**

NAME																													
DATES																													
Birth Date					Death Date																								
Month					Month					Day					Day					Year					Year				
<input type="checkbox"/> Use English Calendar Dates										<input type="checkbox"/> Use Hebrew Calendar Dates (written in English)																			
Relationship of deceased to you _____																													

NAME																													
DATES																													
Birth Date					Death Date																								
Month					Month					Day					Day					Year					Year				
<input type="checkbox"/> Use English Calendar Dates										<input type="checkbox"/> Use Hebrew Calendar Dates (written in English)																			
Relationship of deceased to you _____																													

.....For additional engraving requests please attach a second form.....

A. Total number of names to be engraved from above _____2___ X \$500 = _____1000___																			
B. Total number of names to be reserved _____1_ X \$500 = _____500___																			
															Total due with order (A+B) _____1500_*				
* please add 2.5% to all credit card orders																			

PAYMENT METHOD

- XCheck Please attach with order.
- Credit Card (VISA OR MASTERCARD)

Card Number	Expiration Date
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I agree to be bound by Shir Hadash's guidelines, rules, regulations, policies, procedures, and any agreements regarding the selection, placement and engraving of names and use of the Memorial Garden Area.

Congregant's Signature SIGNATURE	Date 01/19/2005
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FOR OFFICE USE:
