



B"H
1543 Redfield Rd. Bel Air, MD 21015
mail to: P.O. BOX 393 Bel Air, MD 21014
443.353.9718
www.HarfordChabad.org

NESHAMA - MEMORIAL PLAQUE FORM

First Name _____

Family Name _____

Hebrew Name _____

Father's Name _____

Day/Month/Year of Passing _____

Day / Evening _____

Your Full Name

Relationship of Deceased: Mother Father
 Brother Sister Spouse Other _____

<p><input type="checkbox"/> Enclosed is a check of \$360 for the plaque</p> <p><input type="checkbox"/> Please charge \$360 to my Visa / MC</p> <p>Card #: _____ Exp. ____/____</p> <p><input type="checkbox"/> I would like to use this opportunity to donate \$_____ in addition to the Plaque.</p>

*The Plaque Board was donated by Bobbye Helfand in Memory of his Abe Helfand
Please return form to Chabad, PO Box 393, Bel Air, MD 21015 or fax: 877-334-3565*



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YARTZEIT - KADISH FORM

First Name _____
Family Name _____
Hebrew Name _____
Father's Name _____
Day/Month/Year of Passing _____
Day / Evening _____
Kadish Recited Until _____

Notify:

Full Name _____
Address _____
Relationship to Deceased: Mother Father Brother Sister Spouse

Full Name _____
Address _____
Relationship to Deceased: Mother Father Brother Sister Spouse

Enclosed is a check of \$180 for Kaddish

Please charge \$180 to my Visa / MC

Card #: _____ Exp. ____ / ____

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