

**Perpetual Yahrzeit Plaque
Daughters of Sarah Nursing Center Synagogue
\$500 Donation**

Your Name: _____

Address _____ **City:** _____ **State** _____ **Zip** _____

Tel #: _____ **Email:** _____

- Memorial prayers said and plaque light lit on anniversary of death (announced on Bima for the coming week).
- Notification sent to family members.
- On Passover, Shavuot, Yom Kippur and Shemini Azeret, plaque light is lit, name recited during Yizkor service. and name listed in the Book of Remembrance (available in the synagogue)

Information needed for plaque:

Name of deceased individual _____

Hebrew name for individual (Kohen or Levi) _____

Hebrew name of mother _____

Hebrew name of father _____

Date of Death (before or after sundown) _____ Hebrew date (if known) _____

Notify (please indicate relationship):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| 3. _____ | 4. _____ |
| _____ | _____ |
| _____ | _____ |

Return by fax 518.724.3299 or email: foundation@daughtersofSarah.org

Charge my: VISA MasterCard AmEx Discover

Card # _____ **Exp. Date** _____

Signature: _____

Or please make check payable to: **Daughters of Sarah Jewish Foundation and send with this form to:**

**Daughters of Sarah Jewish Foundation
180 Washington Avenue Extension - Albany, New York 12203**

Questions? Call Daughters of Sarah Jewish Foundation at 518.724.3261