



B”H
682 Lowell St.
Peabody, MA
01960
978-977-9111
www.JewishPeabody.com

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 _____

Enclosed is a check of \$540 for the plaque

Please charge \$540 to my Visa / MC

Card #: _____ Exp. ____/____

I would like to use this opportunity to donate \$_____ in addition to the Plaque.

*Please return form to Chabad of Peabody 682 Lowell St. Peabody, MA 01960
Alternatively, please fill out this form and scan it or send a picture back to rabbi@jewishpeabody.com*