

Temple Beth Zion
5555 West Olympic Boulevard
Los Angeles, California 90036

PLEDGE

(Print Name in Hebrew Here)	

(Print Name in English Here)	
_____	_____
(Date in English Here)	(Date in Hebrew Here)
Please indicate if after sundown <input type="checkbox"/>	

I hereby authorize you to supply and maintain permanently on your illuminated Bronze Memorial Tablet, in the Steinman Chapel, a Solid Bronze Name Plate in memory of:

_____ (State Relationship)

----- (Name in Full)

for which I agree to pay \$ _____ Dollars.

It is mutually agreed that each year, on the Yahrzeit of the departed and on other appropriate occasions in accordance with Jewish Custom, a light will be kindled at the name plate on such occasions, a Memorial Prayer will also be said.

Signed by _____

Address _____ Phone _____

City _____ State _____ Zipcode _____



Other nearest relatives who shall be informed annually of the yahrzeit are listed (names, addresses and relationships) on the reverse side of this pledge form.

