



201 Hampton Drive Venice, CA 90291
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Memorial Plaque Order

Date: _____

Hebrew Name: _____

First/Last Name: _____

English Calendar Date of Death: _____

COST: \$350 Member \$450.00 Non-Member

Your Name(s): _____

Address: _____ Zip _____

Phone(s): _____

Email: _____

Payment Enclosed – Check # _____



Charge my Card Number _____

Expiration Date _____ Security Code _____

Name as it appears on the Card: _____

Billing Address: _____ Zip _____

Thank you for your contribution.