

TEMPLE ISRAEL REFORM CONGREGATION OF STATEN ISLAND

315 Forest Avenue Staten Island, NY 10301

(718) 727 2231 Fax (718) 815 5287

WWW.TEMPLEISRAELSINY.ORG tmplisrael@aol.com

WEST MEMORIAL WALL PREFERENCE FORM

I / we have the following plates on the West Memorial Wall:

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

OPTION I. Relocation to the Newer Eastern Memorial Wall

- I wish to purchase a family panel with the above names (PLUS __ RESERVED slots.) Please contact me regarding pricing and layout.
- I wish to relocate the above plates (maximum of two plates **per family**) to a Community Panel on the Eastern Memorial Wall.

OPTION II. Remain on the Current (West) Wall

- Please group all the plates above together. (They will be grouped in the numbered order above.) I understand that there will be no family identification and that the location will be set by the artist.
- We wish the plates identified above to remain as close as possible to their current locations. I am aware that the design may prevent them being returned to their exact current location and that they will not be grouped with any other of my plates.
- I have no preference. The plates will be positioned on the Board by the artist.

Contact information:

Name _____ E-mail: _____

Address: _____

Phone(s): _____

Please help us locate families whose loved ones are on our memorial wall:

I suggest you contact: (name / address / phone) _____

about (names): _____

To return to the cover letter, click here: www.templeisraelsiny.org/memorialwall

To return to the plate listing, click here: www.templeisraelsiny.org/memorialwallplates