Temple Beth-El of City Island

Your Shul by the Sea

Memorial Plaque Application

Please complete the form below, detach and mail with your check payable to: Temple Beth-El of City Island

P.O. Box 188
City Island, NY 10464

For questions, please contact: Paul Klein at 718 –885-3090
or Bob Berent at 718 – 885 – 3098

English Name: _____

Hebrew Name: _____

Son of (Ben) _____ Daughter of (Bat): _____

Note: You can include either one or both parent's names.

Date of Death _____/_____/_____ (We will convert it to Hebrew date.)

Month Day Year

Enclosed, please find my check in the amount of $_____ to cover the cost of _____ memorial plaques (at $250 each for members / $350 each for non-members).

My Name: _____ Telephone # _____

Address _____

(Please include City, State, and Zip Code. Thank you.)