

## Memorial Tile Order Form

Please enter **your** contact information in the fields below:

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Email address: \_\_\_\_\_

Address (incl. postal code): \_\_\_\_\_

Telephone: \_\_\_\_\_

Preferred payment method: Credit Card/Cheque/Cash

Credit Card Type: \_\_\_\_\_ CC#: \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_

Please enter the information about the victim(s) you would like to honour.

(For directions, please see example below)


- Please be advised there are 4 rows and a 20 letter maximum per row.
- Please print information in caps.
- Below is a template. If you would prefer to customize the tile differently than suggested, please call our administrative office at: 416.635.2883 x 5153 or email [cfox@ujafed.org](mailto:cfox@ujafed.org)

1. Line one: Family name of victim(s) - Dekalo
2. Line two: First name(s) of victim(s) – Perla, Rachel
3. Line three: place of birth- city and country – Demotico, Greece
4. Line four: circumstances of death (location/year): Auschwitz 1942



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			P	E	R	L	A			R	A	C	H	E	L				
		D	E	M	O	T	I	C	O		G	R	E	E	C	E			
		A	U	S	C	H	W	I	T	Z		1	9	4	2				