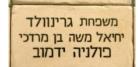


Memorial Tile Order Form

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- 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
 - 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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