

## Memorial Tile Order Form

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

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Address (incl. postal code): \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Number of tiles x \$180 each: \_\_\_\_\_ x \$180 = \$ \_\_\_\_\_  
 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 [neuberger@ujafed.org](mailto:neuberger@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



							D	E	K	A	L	O							
			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				