

# Brick Order Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cost of brick, plaque and placement \$45.

Method of payment

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Credit card number: \_\_\_\_\_

3-digit security code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Expiration date: \_\_\_\_\_

Plaque- 3 lines (18 spaces includes .,- or spaces) Please print legibly.

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signature \_\_\_\_\_

Inscription confirmed by: \_\_\_\_\_

Please return to Havurah Shir Hadash, PO Box 1262 Ashland Or 97520