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.....For additional engraving requests please attach a second form.....

A. Total number of names to be engraved from above _____	X \$500 =	_____
B. Total number of blank spaces to be reserved _____	X \$500 =	_____
Total due with order (A+B)		_____ <small>* A 2.5% charge will be added to all credit card orders</small>

PAYMENT METHOD

- Check Please attach with order.
- Credit Card (VISA OR MASTERCARD)

Card Number	Expiration Date
Name as it appears on credit card	

I agree to be bound by Shir Hadash's guidelines, rules, regulations, policies, procedures, and any agreements regarding the selection, placement and engraving of names and use of the Memorial Garden Area.

Congregant's Signature	Date
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FOR OFFICE USE:
