



# TREE OF LIFE / ROCK ORDER FORM



NAME: \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ I wish to purchase \_\_\_\_\_ (quantity) leaf or leaves, for \$360 each.

\_\_\_\_\_ I wish to purchase \_\_\_\_\_ (quantity) small rock, for \$3600 each.

\_\_\_\_\_ I wish to purchase \_\_\_\_\_ (quantity) large rock, for \$5000 each.

To reserve a leaf or rock, it must be paid for in full. Please submit this form, along with your payment to B'nai Aviv, 1410 Indian Trace, Weston, FL 33326.

Note: Each line is limited to twenty-four (24) characters. You do not have to use all lines. Memorials will not be accepted as a Tree of Life inscription but can be used as a rock inscription.

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

Line 4 \_\_\_\_\_

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

Line 4 \_\_\_\_\_

Additional Notes: \_\_\_\_\_

FOR OFFICE USE ONLY

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ CCd # \_\_\_\_\_

Date Ordered \_\_\_\_\_ Date Received \_\_\_\_\_ Date Installed \_\_\_\_\_