



CONGREGATION
SHOMREI TORAH
שומרי תורה

Kir HaKavod Purchase Form

Date of Purchase: _____

Name of Purchaser: _____

Address: _____ City: _____ Zip: _____

I /We want to donate _____ leaves at \$360⁰⁰

I /We want to donate _____ leaves at \$720⁰⁰ (*non-member price*)

I/We want to donate _____ pomegranates at \$1,000⁰⁰

I/We want to donate _____ pomegranates at \$1,800⁰⁰ (*non-member price*)

Please inscribe my leaf or pomegranate at follows:

Method of Payment:

Enclosed is my check in the amount of \$ _____

Please charge my credit card # _____ Exp. Date: _____

For Office Use Only:

Date of order _____

Date of payment _____

Date sent for engraving _____

Date installed _____