

KOL HANE'ARIM TALLIT ORDER FORM

Parents' Full Names: _____

Home/Cell Phone: _____

Please **write neatly in Hebrew** from right to left the names that you would like to have stitched on the Tallit - one space per letter. If you need help with the spelling, please contact Shelley Paradis at shel4p@aol.com

Family's Hebrew Last Name- _____

Child's Hebrew Name (use the back/bottom for more names)

Child _____

Child _____

Child _____

Child _____

Amount Due (# children x \$36) = _____

Payment: Check Enclosed ___ Credit Card: AMEX___ Visa ___ MC ___

Credit Card # _____

Exp. Date _____

CCV _____

Please note: Names will not be embroidered unless paid in advance.