

B'NAI JEHUDAH SISTERHOOD

**MOTHER'S DAY & FATHER'S DAY CARDS  
CARD INFORMATION FORM**

THANK YOU FOR SUPPORTING SISTERHOOD!

**YOUR CONTACT INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

To ensure timely delivery of your card(s), please complete this fillable PDF form, save and **send as an attachment by email with "Cards" as the subject line** to: **Carol Schwartz**, [kcharvardmom@aol.com](mailto:kcharvardmom@aol.com) . If you are unable to fill out the form, you can print it and scan, or provide the requested information to her in an email. If you have further questions, please email Carol.

THIS FORM MUST BE EMAILED TO CAROL BY FRIDAY, APRIL 30

Use as many forms as needed.

**In Honor of: (check one)**

**In Memory of:**

**My (Our)** \_\_\_\_\_, \_\_\_\_\_  
Relationship Name

**On**  Mother's Day  Father's Day

**Card from:** \_\_\_\_\_  
Name(s) or Family name

**Please mail the card to: (if other than yourself)**

*Name(s)* \_\_\_\_\_

*Address:* \_\_\_\_\_ *City/State/Zip:* \_\_\_\_\_

**In Honor of: (check one)**

**In Memory of:**

**My (Our)** \_\_\_\_\_, \_\_\_\_\_  
Relationship Name

**On**  Mother's Day  Father's Day

**Card from:** \_\_\_\_\_  
Name(s) or Family name

**Please mail the card to: (if other than yourself)**

*Name(s)* \_\_\_\_\_

*Address:* \_\_\_\_\_ *City/State/Zip:* \_\_\_\_\_

Please remember to save this information form to send to Carol.  
Then, if you have not completed your actual Order and payment  
information, please [CLICK HERE](#).