

## KOL HANE'ARIM TALLIT ORDER FORM

Donor (parent, grandparent) Full Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Please **write neatly in Hebrew** from right to left the names that you would like to have stitched on the Tallit. If you need help with the spelling, please contact Shelley Paradis at shel4p@aol.com or Rabbi Klibanoff at rabbiklibanoff@gmail.com.

### Child's Hebrew Name (use the back for more names if needed)

Child \_\_\_\_\_  
Last Middle First

Child \_\_\_\_\_  
Last Middle First

Child \_\_\_\_\_  
Last Middle First

Child \_\_\_\_\_  
Last Middle First

Child \_\_\_\_\_  
Last Middle First

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.