

KOL HANE'ARIM TALLIT ORDER FORM

Donor (parent, grandparent) Full Name: _____

Home/Cell Phone: _____

Date: _____ Email: _____

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.