



Commemorative Brick Order Form

Today's Date: _____

Your Name: _____ Your Phone: _____

Your Address: _____

City

State

Zip Code

COST (check one): **Member: \$250.00/brick** **Non-Member: \$500/brick**

Directions: Each brick has a maximum of three lines with no more than 20 letters per line. Spaces and punctuation marks count as letters.

Brick 1:

Line 1 _____

Line 2 _____

Line 3 _____

Brick 2:

Line 1 _____

Line 2 _____

Line 3 _____

Brick 3:

Line 1 _____

Line 2 _____

Line 3 _____

(Use additional forms for additional bricks)

Members

Number of Bricks Ordered: _____

TOTAL \$ Amount: _____

Non-Members

Number of Bricks Ordered: _____

TOTAL \$ Amount: _____

Print this form. Make your check payable to Temple Shaarei Shalom. Send the form and your check to:
Temple Shaarei Shalom, 9085 Hagen Ranch Road, Boynton Beach, FL 33472.