

* Blanks marked with an asterisk are required

<p>KADDISH IS BEING ORDERED BY:</p> <p>Your name*: _____</p> <p>Contact phone: _____</p> <p>E-Mail: _____</p>	<p>KADDISH IS TO BE SAID FOR:</p> <p>Full name* : _____</p> <p>Full Hebrew name: _____</p> <p>Father's name* : _____</p> <p>Fathers Hebrew name: _____</p> <p>Date of death (mm/dd/yy)* : _____</p> <p>Hebrew date of death: _____</p> <p>Approximate time _____</p> <p>Relationship to you: _____</p>
<p>SEND CONFIRMATION LETTER AND YAHRTZEIT REMINDERS TO:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City / State: _____</p> <p>Zip: _____</p>	
<p>KADDISH PLAN REQUESTED* : <input type="checkbox"/> Annual Yahrztiet \$150 <input type="checkbox"/> Daily \$180 <input type="checkbox"/> Daily + Annual \$300 <input type="checkbox"/> Single Yahrztiet \$36</p>	
<p>I WISH TO PAY WITH*:</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express</p> <p>Fill out card information box and mail or fax this form to (718) 771-6315</p> <p><input type="checkbox"/> Check or money order</p> <p>Mail in this form with check payable to:</p> <p style="text-align: center;">Kaddish Services Lubavitch Youth Organization 770 Eastern Parkway Brooklyn, N.Y. 11213</p>	<p>CARD INFORMATION:</p> <p>Name of Card* : _____</p> <p>Billing Address* : _____</p> <p>Address 2: _____</p> <p>City / State* : _____</p> <p>Zip* : _____</p> <p>Card Number* : _____</p> <p>Expiration (mm/yy)* : _____</p>