

INVOLVING JEWISH MEN IN JEWISH LIFE

Yad Shel Chai Order Form 2022

| Thic form | ie valid thru | 12/31/2022 |
|-----------|---------------|------------|

| Name of person placing order: | | | | | | Te | Telephone: E-mail: Twitter: | | | | | | | | | | | |
|---|--|---------------------|-----------------------|---------------------------|----------------|-----------------|-------------------------------|-------------------------|------------------------|---------------|---------|-------------------|-------|-----------|------------------|------------|--------|--------|
| Name of or men's club or synagogue: | | | | | | | | | | | | | | | E- | | | |
| Street Address: City, State, Zip Code: | | | | | | | | | | | | | | | Tv | | | |
| | | | | | | | | CI | Check enclosed for: | | | | | | | | | |
| FJMC | Yads a | re \$136 bauble. | • | | | • | | | | | | | | | | | n "FJI | МС |
| | st servi | ce: Plea | se con | nplete | the e | ntire f | orm ir | ıcludi | ng rev | erse | credit | card | side, | scan i | it and | save | | |
| ` | You may | | mail this ation of | | | | | | | | | | | | | npleted | I to: | |
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| thei ipient l | <u>1 "spac</u> re is a s English | pace is Name (| sue we an | will co d the l le) | ontact FJMC | t you t baub | to revi le (pic | iew yo tured XAMP | our ore above LE | der. <u>L</u> | eave ! | 5 – 7 s it and | paces | s for d | decora cample | e) Hel | eads | name |
| irk Silv | <u>verstein</u> | | | | | | 15 | 5 | 25 | 2 | 1 | - | 17 | 2 | ` | 5 | 26 | |
| cipient | English | Name | | | | | | | | | | | | | | | | 14 |
| | | Name | | | | | | | | | | | | | | Hel | orew ı | |
| | | - Ivallie | <u> </u> | | | | | | | | | | | | | Hel | orew I | |
| cipient | English | | | | | | | | | | | | | | | | prew r | name |
| ecipient | English | | | | | | | | | | | | | | | | | name |
| ecipient | | Name | | | | | | | | | | | | | | Hek | | name |

It is the responsibility of the ordering party to ensure the accuracy of the information contained on this order form. Please double check the Hebrew names before submitting.



If paying by check, please make payable to FJMC, if by credit card please complete the information below:

| Please charge my credit card for US | \$ | | | | | | | |
|---|--------------------|-------------------|--------------------|--|--|--|--|--|
| | | | | | | | | |
| Check one: The credit card is a | ☐ MasterCard | □ Visa | ☐ American Express | | | | | |
| We are sorry FJMC does not accept | Discover. | | | | | | | |
| Credit Card No.: | | | | | | | | |
| | | | | | | | | |
| Expiration Date: | | | | | | | | |
| Security Code (from back of card for | Mastercard & Visa; | front from Americ | an Express): | | | | | |
| Name as it appears on credit card: | | | | | | | | |
| | | | | | | | | |
| Name of or men's club or synagogue or organization (if it appears on the card): | | | | | | | | |
| | | | | | | | | |
| Street Address Associated with the Card/ aka – Billing Address (please include Suite, Unit or Apt #, etc.): | | | | | | | | |
| | | | | | | | | |
| City, State, Zip Code:: | | | | | | | | |
| | | | | | | | | |
| Telephone # associated with the care | d: | | | | | | | |
| | | | | | | | | |
| E-Mail address associated with the c | ard: | | | | | | | |
| | | | | | | | | |

Yad orders do not ship from stock and may take 4 - 6 weeks for delivery.

<u>For fastest service:</u> Please complete the entire form including reverse credit card side, scan it and save it as a PDF; then email it as an attachment to international@fjmc.org, with the words:

Yad Shel Chai in the subject line of the email.

OR

Return completed order form and payment by mail* to: FJMC

300 East Lombard Street, Suite 840 Baltimore, MD 21202

Visit our website: www.fjmc.org international@fjmc.org

Follow us on Twitter & Instagram at: FJMC HQ

^{*} Due to Covid-19 FJMC staff is working remotely, requiring mail to be forwarded. This has resulted in extremely long delays in the arrival of mail sent to the FJMC.