

Shoah Yellow Candle Program

475 Riverside Drive, Suite 832 ■ New York, NY 10015-0022 (212) 749-8100 ◆ FAX: (212) 316-4261 ◆ international @fjmc.org

"NER KATAN" Six-Piece Set Ordering Form

Congregation/Organization:			
Address:			
City:	ST/PROV:		ZIP/PC:
Contact: Phone		e-Mail	
Does your organization accept Friday	deliveries:	YES	NO
Ship To (if diffe	erent than abo	ove address):	
Attention:			
Name:			
Address:			
City:	ST/PROV:		ZIP:
Phone:	e-Mail		
<u>ltem</u>	<u>Quantity</u>	Cost	<u>Subtotal</u>
One set of Yellow Candles (six candles/box)		x \$18/box	
Carton of four Ner Katan sets (24 candles total)		x \$48/carton	
Carton of eight Ner Katan sets (48 candles total)		x \$72/carton	
PAYMENT IN FULL MUST ACCOMPANY O	RDER	TOTAL DUE:	
Check enclosed, payable to "FJMC"		Charge to Visa or MasterCard	
Cardholder Name:			
Card# Ex	p. Date:		Security Code:
Street Address			
City	State		ZIP
Cardholder Signature:			