

HONOR SOMEONE "LIVING" ON THE TREE OF LIFE



LEAVES ON THE TREE \$100

PLAQUES ON THE TREE \$275

HOW WOULD YOU LIKE THE LEAF OR PLAQUE TO READ?

(_____)

DONOR'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

PHONE: _____ **EMAIL:** _____

Print and mail completed form with credit card information or check payable to Beth Israel to
P.O. Box 5203 Sun City Center, FL 33571

Reminder: Check here if you have already prepaid online. Do not fill in the
information requested below

Payment Information: Amount _____

Credit Card: Visa Master Card Discover American Express

Card Number: _____ (no spaces or dashes)

Expiration Date: _____ (mm/yy)

Card CVV Code: _____ 3 or 4 digit code

/

(bobc 11/15)
(nrm 7/17)