



King David Memorial Garden Purchase Agreement

Name of Purchaser(s): _____

Date of Purchase: _____

Address: _____

Phone Number: (H) _____ (C) _____

Email: _____

Number of Spots Purchased: _____

Location of Spots: _____

Total Cost: _____

*Payment: Credit Card Number _____ Exp _____ CID _____

Check Number: _____

Names of Loved Ones to be

Engraved: _____

Date of Death English:

_____ Hebrew: _____

Approval of Proof for the Engraving: _____

Date: _____

Signature: _____ Date: _____

* Congregation Ner Tamid engraves 6 times per year and engraving will not be completed until your name(s) are paid for in full.