IN MEMORY OF

1) Name: _____

(OPTIONAL) **Hebrew Name:** _____ **Date of Death:** _____

2) Name: _____

(OPTIONAL) **Hebrew Name:** _____ **Date of Death:** _____

3) Name: _____

(OPTIONAL) **Hebrew Name:** _____ **Date of Death:** _____

4) Name: _____

(OPTIONAL) **Hebrew Name:** _____ **Date of Death:** _____

5) Name: _____

(OPTIONAL) **Hebrew Name:** _____ **Date of Death:** _____

DONOR INFORMATION

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Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Email Address: _____ **Donation Amount: $** _____

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1414 N Prospect Ave, Milwaukee, WI 53202

☐ **CREDIT CARD**

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Expiration date: _____ *CVV*: _____