

MAHZOR ORDER FORM

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Number of Mahzorim: _____ @ \$36 per mahzor = \$ _____

Method of Payment: Check No.: _____ -or- VISA MasterCard Discover (Check one)

Credit Card No: _____ Exp. Date: _____ 3 Digit CSC No.: _____

If ordering by credit card, all above fields must be completed in full

Thank you for your continued support of B'nai Moshe