

Dr. Samuel Shatkin and Joan Ellis Shatkin Memorial Outdoor Classroom

8" X 4" Memorial Brick Paver Form

Donor Name: _____

Address: _____

Phone: _____

Please enter the information to be inscribed on each paver below, using one box for each character or space and up to 3 lines of text per 8" x 4" brick paver.

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Line 1

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Line 2

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Line 3

(10 characters per line including spaces)

In Honor of _____
on the occasion of _____

In memory of _____

Please notify honoree at completion:

Name _____

Address: _____

A layout proof will be prepared for authorization prior to carving pavers.

Price per 8" x 4" Paver is \$100.00

Date Submitted by TBZ _____

Date Sent to Leon Komm & Son _____

Please submit this form to:

Melissa Milch-Klein

Checks Payable to:

Temple Beth Zion

700 Sweet Home Road,

Amherst, NY 14226

716-836-6565

pals@tbz.org

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The Komm Family



Old World Craftsmanship

Serving the Western New York Community
for Four Generations