

AGREEMENT
HEBREW CEMETERY ASSOCIATION
 1801 Statesville Avenue, Charlotte, NC 28206

FUNERAL OF _____
 FAMILY MEMBER _____ RELATION _____ PHONE # _____
 ADDRESS _____ STATE _____ ZIP _____
 TEMPLE/RABBI _____ PHONE # _____ PHONED? _____ EMAIL _____
 FUNERAL HOME _____
 CEMETERY REPRESENTATIVE _____
 GRAVE DIGGER _____ PHONE # _____ PHONED? _____
 DATE OF DEATH _____ DATE OF INTERMENT _____ TIME _____
 BURIAL PLOT: SECTION _____ PLOT _____ GRAVE # _____

- GRAVE SITES -

SECTION	MEMBER	NON-MEMBER
Section I - Historic	\$2,500.00	Not Available
Section II - Modern	1,800.00	Not Available
Section III - Memorial - Family	1,400.00	\$2,075.00
Section III & IV Memorial - Cluster	1,125.00	1,675.00
Section V - New Section - Family	1,400.00	2,075.00
Section X - Cremation Section	475.00	700.00

GRAVE RESERVATION	SECTION	PLOT	GRAVE	PRICE
NAME: _____	_____	_____	_____	_____
NAME: _____	_____	_____	_____	_____
NAME: _____	_____	_____	_____	_____
NAME: _____	_____	_____	_____	_____
NAME: _____	_____	_____	_____	_____
NAME: _____	_____	_____	_____	_____
			GRAVE SITE TOTAL *	_____ *

- CEMETERY SERVICE FEES -

	MEMBER	NON-MEMBER
PERPETUAL GRAVE CARE	\$875.00	\$1,375.00
BURIAL (INCLUDES GRAVE OPENING, SHROUD & UNVEILING)	1,975.00	2,900.00
BURIAL - cremation (INCLUDES GRAVE OPENING AND UNVEILING)	350.00	525.00
BURIAL - stillborn / infant (ALL INCLUSIVE)	350.00	350.00

SERVICE FEE TOTAL ** _____ **
TOTAL _____

MEMBERSHIP - (prorated \$72.00 annually - must be paid in full for 24 months to receive membership prices)

Funeral homes may collect the their customers Hebrew Cemetery Association fees, and pay the Cemetery. In event the funeral home does not collect, all cemetery charges as listed above must be paid in full prior to interment. All graves must be paid in full prior to interment.

NEW MEMBER-NAME: _____ PHONE: _____ E-MAIL: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PAYMENT TERMS

* **Burial Plots** will be no later than- * _____
 ** **Service fees** will be paid no later than- ** _____
 (*Burial Plots- minimum of eight quarterly payments of total, paid over 24 months from time of purchase, or paid in full prior to use)
 We (I) hereby agree to these terms, and to make payments as stated above.

Signature of Family Member: _____ Date: _____
 Signature of Cemetery Representative _____ Date: _____

DIRECTOR	Joseph Kodsi	Home:	704-246-6427	Mobile:	704-576-1859
PRESIDENT	H. Kevin Levine	Home:	704-366-8898	Mobile:	704-363-6222
ACCOUNTING	Carol Robinson	Office:	704-545-5726		

Please make checks payable to **HEBREW CEMETERY ASSOCIATION**, 4229 Peggy Lane, Charlotte, NC 28227