



(617) 244-6509
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189 Wells Avenue, Third Floor, Newton Centre, MA 02459

PLANTING CONTRACT 2018

Please print clearly

Name: _____

Address _____

(#Street/City/State/Zip)

Phone: _____ Home Cell Email: _____

I request that the Jewish Cemetery Association of Massachusetts (JCAM) develop a planting bed on the grave of: (name of Deceased) _____, who is buried at

Check one:

(name of cemetery) _____ Cemetery on Baker Street in West Roxbury

Adath Jeshurun Cemetery on Grove Street in West Roxbury

Complete if known: Section _____ Side _____ Lot _____ Row _____ Grave(s) # _____.

Mandatory Planting Fees:

Initial fee to develop up to 18" pocket in front of marker **\$100.00 x # of graves = \$ _____**

Planting Choices:

- Spring Annuals** – initial purchase and install plants **\$54.00 x # of graves = \$ _____**
to be selected by JCAM such as Geraniums, Begonia, Marigolds or Impatiens
- Perennials** – initial purchase and install plants **\$54.00 x # of graves = \$ _____**
to be selected by JCAM such as Hosta, Sedum, Salvia, Daylilies or Juniper

TOTAL DUE: Includes Mandatory Planting Initial fee(s) + Planting Choice(s) = \$ _____

After paying the initial planting and purchase fees above I promise to pay JCAM an annual fee of \$54.00 per grave to maintain this planting bed. Annual maintenance will be billed on or about March 1st of each year and fees are due and payable within 60 days.

I understand that if annual maintenance is not paid during the year, JCAM has the right to remove the plantings and then re-loam and re-seed the area. JCAM guarantees to keep the planting pocket according to its usual standards and replace any plants as necessary. I also understand that I may cancel this contract by giving written notice to JCAM prior to April 1 for that year.

Check are to be made payable to JCAM. Return completed, signed contract and payment to:
JCAM 189 Wells Avenue Newton, MA 02459

Signature: _____ Date: _____