



Web Site Information Form

Company Name _____

Address _____

City, State, Zip _____

Phone _____ Alternate Phone _____

Website _____

Email address _____

Twitter _____

Facebook _____

Description _____

Table with 3 columns: Hours of Operation, Open, Close. Rows for Sunday through Saturday.

Special Notes re hours _____

If you would like a menu displayed on our web site, please email a PDF version to menus@koshermiami.org.

You may mail this form to Kosher Miami, PO Box 403225, Miami, FL 33140
Or fax it to (305)437-8107
or email the information to info@koshermiami.org