

RIVERSIDE
Exclusively Jewish



CEMETERY
Saddle Brook, New Jersey

BASIC CARE

• Endowment •

*Basic Care
is forever*

(201) 843-7600

12 Market Street
Saddle Brook, NJ 07663

info@riversidecemetery.org

www.riversidecemetery.org

Office hours

Monday-Friday 8am-4pm

Sunday 8am-1pm

Grounds open

office closed

Saturday 10am-5pm

**A mitzvah
and lasting tribute**

**Peace of mind that your
loved one's resting place
is meticulously taken
care of forever**

**A loving gift of grave
care by professionally
trained field staff**

Call now to enroll in
Basic Care service
(201) 843-7600

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Basic Care

Available for gravesites with no plantings.

A one-time payment that covers trimming around the grave monument and monument leveling forever.

The following Basic Care services are provided 2 times per year: mid-May and mid-September

- Removing all wild growth on the gravesite including ivy and shrubs
- Monument leveling
- Level the gravesite with topsoil
- Seeding the gravesite
- Cutting the grass on the gravesite

Additional Information

- Basic Care gravesites are not permitted to have plantings.
- The condition of the grass on the grave may not be totally weed free and 'full' due to weather extremes (heat wave or drought).
- The condition of the graves between services may not appear completely groomed. If there is a request for service other than the two scheduled services, an additional fee will be required.
- Landscape services are performed on graves only after the monument is installed or the inscription is completed.

Prices valid through October 31, 2024

Basic Care Enrollment Form

Endowment deposits are permanently held in trust.
Income earned from this fund is used to provide services for the gravesite.

Basic Care

- 12 monthly credit card payments of \$328 per grave
- Single payment \$3708 per grave (*Save \$228*)

Pre- Need Basic Care at a discount

- 12 monthly credit card payments of \$318 per grave
- Single payment \$3588 per grave (*Save \$228*)



Scan to pay online

Name of Deceased

Grave ID (if known)

Billing Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- Pay online www.riversidecemetery.org *Fast, Easy, Secure*
- Payment by check payable to "Riverside Cemetery"
- Payment by Credit Card

Account # _____ Expiration Date _____

Customer Signature _____ Date _____