



Celebration  
Foundation

## Memorial Garden Plaque Form

Date: \_\_\_\_\_

Customer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Cost:**

**\$275.00 for three to four lines of text**

**\$300.00 if additional lines or icons are requested**

Method of Payment:

Check # \_\_\_\_\_

Cash

Credit Card (Complete Separate Credit Card Authorization Form)

---

### Order Form – Please Print Clearly

Person's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Additional: \_\_\_\_\_