



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.

*For office use only:*

Method of Payment:  Check #: \_\_\_\_\_  Cash  Credit Card ( Complete separate credit card authorization form )

Location Requested: Pillar: \_\_\_\_\_ Side: \_\_\_\_\_ Row/Column: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Installed: \_\_\_\_\_

Is this a pre-paid tile?  Yes  No

If yes, who will contact us? \_\_\_\_\_

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## Order Form - Please Print Clearly

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_