

MEMORY GARDEN INSCRIPTION/LEAF ORDER FORM

Date: _____ **Amount:** \$350.00 **Cash/Debit/Credit** ☐ **Cheque#** ☐

Receipt to:

Name	_____
Address	_____
City	_____ Postal Code _____
Phone	_____ Email: _____

\$80.00 of this payment to the City of St. Thomas for the Memory Garden is eligible under the provisions of Sections 110.1 and 118.1 of the Income Tax Act as a Charitable Donation.

Ordered by:

Name	_____
Address	_____
City	_____ Postal Code _____
Phone	_____

INSCRIPTION FOR LEAF (maximum 45 characters on 3 lines including punctuation) **Please Print Below**

Signature _____ **Date** _____

Notes: Please allow 12 weeks from receipt of order and payment for installation **When leaf has been installed you will be contacted by email so please include your email address on form**