
MEMORY GARDEN INSCRIPTION/LEAF ORDER FORM

Date: _____ Amount: **\$300.00** Cash/Debit/Credit Cheque#

Receipt to: **Name** _____
 Address _____
 City _____ **Postal Code** _____
 Phone _____

\$100.00 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 8 - 10 weeks from receipt of order and payment for installation **Once your leaf is installed you will be contacted**