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## 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

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Notes:** Please allow 8 - 10 weeks from receipt of order and payment for installation **Once your leaf is installed you will be contacted**