

Application to Purchase the Right to Memory Wall Plaque

Full Name of Subscriber _____

Mailing Address _____

Home Phone _____ **Cell Phone** _____

Email _____

Each plaque can accommodate two names
(4 lines, 26 characters per line including spaces)

8" by 4" Bronze plaque cost \$450 includes engraving

Person 1 Name _____

Person 1 Birth year and Death year dates _____

Relationship to Subscriber _____

Person 2 Name _____

Person 2 Birth year and Death year dates _____

Relationship to Subscriber _____

Terms of Purchase

- 1. Full cash payment.**
- 2. The applicant agrees that the Memory Wall Rules and Regulations governing operation of the Memorial Wall as part of this application for all purposes and acknowledges receiving a copy of the existing Memory Wall Rules and Regulations.**

Subscriber Signature _____ **Date** _____

DO NOT WRITE IN THIS AREA

Date _____ **Amount Received** _____ **Check No.** _____

Application Received by _____