
MEMORY GARDEN INSCRIPTION/LEAF ORDER FORM

Date: _____ Amount: \$300.00 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**