

8 x 4 GRANITE PAVER ORDER FORM

(Please Print)

Donor Name: _____ Donation Amt:\$ _____

Address: _____ (Note: A minimum donation of \$150.00
Required to purchase memorial paver.)

Phone#: _____

(Paver information must be printed clearly.) **Please make check payable to and mail to:**

In Memory of: Line 1 _____	Cherish Our Children Angel Statue c/o Newington Memorial Funeral Home 20 Bonair Avenue
Line 2 _____	Newington, CT 06111 Tel: (860)666-0600
Line 3 _____	or toll free: (888) 666-6288

Please note: Limited 3 lines and 14 Characters each line

- Form must be completed with all information as it will appear on paver.
- Completed orders must be received by June 1, 2002 deadline.
- Names will be read at the Dedication Ceremony.

DONATION FORM

(Please print)

Donor Name: _____

Address: _____

Contact Person: _____ Phone: _____

Donation Amount: \$ _____ In Memory of: _____

Please make check payable to: Cherish Our Children Angel Statue

Mail to: c/o Newington Memorial Funeral Home

20 Bonair Avenue, Newington, CT 06111

Names will be read at the Dedication Ceremony