



Celebrations

Stan
Hywet
HALL & GARDENS

MEMORIAL & TRIBUTE PROGRAM

Enclosed is my/our gift in the amount of: \$25 \$50 \$100 \$1,000 Other \$ _____

MEMORIAL

Name of decedent: _____

TRIBUTE

Name of honoree(s): _____

Occasion: _____

PLEASE SEND NOTIFICATION TO:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

(Over)

PAYMENT INFORMATION

My/our name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Enclosed is my check payable to Stan Hywet Hall & Gardens

I wish to charge to my: Visa MasterCard American Express

Account number: _____

Expiration date: _____

Signature: _____

Date: _____