To: Memorial Garden Committee

Subject: Application for Use

This application affirms that I (we) have read the Rules and Regulations and wish to apply and pay for a Memorial Plaque (only), a Memorial Plaque with Scattering of Ashes, or a Niche and Memorial Plaque, subject to these Rules and Regulations.

Enclosed is a check in the amount of $_____ to cover the expenses for the following:

____ Memorial Plaque(s) (only) at $400 per person
____ Memorial Plaque(s) and Scattering of Ashes at $400 per person
____ Memorial Plaque(s) and Niche(s) at $1000 per person

Please enclose check payable to Highland Presbyterian Church. This is not tax deductible.

Date _____ Signed _____

Signed _____

Full name(s), maiden name, and date(s) as it (they) should appear on the Memorial Plaque
- Please Print-

Name _____

Date of Birth (spell out month) _____

Date of Death (spell out month) _____

Name _____

Date of Birth (spell out month _____

Date of Death (spell out month) _____

(Note: Living applicants will only fill in Name and Date of Birth)