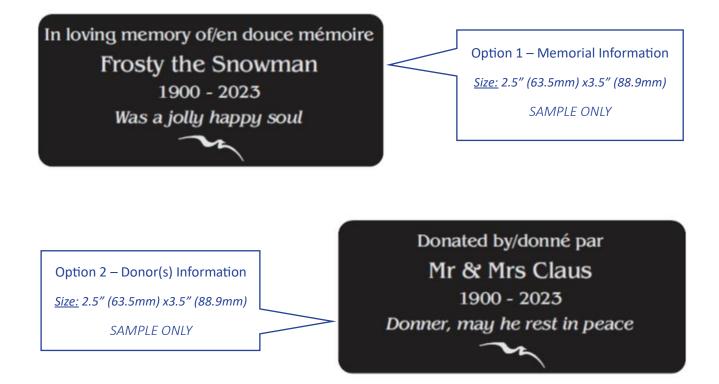


${\bf Memorial\ Tree\ Plaque-Order\ Form}$

Contact Person			
First Name:	Last Name:		
Mailing Address			
Street Address:		Unit #:	
City:	Province:	Postal Code:	
Phone:	Email:		
Please check one box to indicate which option you prefer and provide information to be engraved, then review payment details on the following page. A separate form must be submitted for each engraving request. Memorial and donor plaques will not be engraved or installed until this form is properly completed and submitted, and payment has been received. Detail Memorial Information Detail Memorial Information Name of memorialized person – maximum of 25 characters including spaces and punctuation			
Name of memorialized person – maximum or	23 Characters including spaces		
Date of birth (year) Engraved message - maximum of 35 character	Date of death (year)	ation	
☐ OPTION 2: DONOR INFORMATION Name of donor(s) — maximum of 25 characters including spaces and punctuation			
Date of birth (year) Date of death (year) Engraved message - maximum of 35 characters including spaces and punctuation			



Memorial Tree Plaque — Order Form



Please submit this order form to Bernadette Lindsay, Fund Development Coordinator, via email at blindsay@nipissingserenityhospice.ca or in-person at **799 John Street,**North Bay, ON P1B 8T2.