NIPISSING SERENITY HOSPICE
LA MAISON SÉRÉNITÉ DU NIPISSING

Engraved Leaves of Life – Order Form

Contact Person		
First Name:	**Last Name:**	
Mailing Address		
Street Address:		**Unit #:**
City:	**Province:**	**Postal Code:**
Phone:	**Email:**	

Please provide information to be engraved, then review payment details at the bottom of this page. A separate form must be submitted for each engraving request. Leaves of Life will not be engraved or installed until this form is properly completed and submitted, and payment has been received.

CUSTOMIZATION

Engraving Personalization – maximum of 25 characters including spaces and punctuation

Date of birth (year) | | | | | **Date of death (year)** | | | | |

Size: 6”W x 3”H (152.4mmx76.2mm)

SAMPLE ONLY

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**.