



Gerri Smith Memorial Garden Order Form

Date Ordered: _____

Donor Name: _____

Phone: _____

Payment Method: _____

.....

BRICK - \$125 _____ 20 Characters / 15 characters per line with Clip Art

- 1) _____
- 2) _____
- 3) _____

PAVER - \$300 _____ 20 Characters/ 7 lines with Clip Art

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

Notes:

INTERNAL USE ONLY

Paid	Ordered	Delays	Contacted Donor	Set at Garden