

VMC MEMORIAL TREE PROGRAM

DATE ORDER SUBMITTED: _____
 NAME: _____ CELL NUMBER: _____ EMAIL: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SAMPLE:

I	N		M	E	M	O	R	Y		O	F					
J	O	H	N		W		D	O	E							
U	S	N		R	E	T		W	W	I	I					

THE MEMORIAL TREE PLATE CONSISTS OF A 12"X3" PLASTIC YELLOW PLATE, WITH PROTECTIVE RUBBER SLEEVE OVER THE CHAIN.

TREE MEMORIAL PLATE

Please **CLEARLY** print the info for the brick. Limited to 17 letters per line, including spaces.

COST OF TREE, MEMORIAL PLATE AND CHAIN: \$250

PAYMENT ACCEPTED: Check, Cash, Debit or Credit Card. **MAKE CHECKS PAYABLE TO:** VETERANS MEMORIAL CENTER.

VMC Staff Name: _____
 CHECK #: _____ CHECK \$Amount: _____ CASH/DEBIT/CREDIT AMOUNT: \$ _____
 MAKE 3 COPIES FOR: 1- BUYER, 2- VMC TREASURER + CHECK/CREDIT, 3- PROGRAM FILES
 Date Sent to Suppliers: _____ Brick/Bench/Tree Team Member: _____