

MEMORIAL LEAF ORDER

Office use only:

Date order & payment received: _____

Membership Date: _____

Order Placed Date: _____

Order fulfilled Date: _____

IN MEMORY OF

FIRST	MI	LAST NAME
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PLEASE PRINT

THE NAME AS IT WILL APPEAR ON THE MEMORIAL LEAF

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YEAR OF BIRTH

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YEAR OF DEATH

DATE OF APPLICATION _____

NAME OF CONTACT PERSON _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE NUMBER _____

PAYMENT _____



NOT ACTUAL SIZE OR FONT USED

The Memorial Tree Wall is to honor and remember **members** of Barry Christian Church who have passed. Please fill out this form, attach a check made out to Barry Christian Church in the amount of \$25.00 and give to the church office or place in the offering plate.

Any residual funds from this payment will be used to continue to add to and maintain the memorial tree wall. All other memorial donations will be used where most needed by the church unless specified otherwise.