

Angel of Hope Memorial Program

MEMORIAL BRICK ORDER FORM

PLEASE COMPLETE

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

City	State	Zip Code
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E-MAIL: _____

**Engraving (Three lines available; 18 characters per line, including spacing)
PLEASE PRINT CLEARLY**

(1st line) _____

(2nd line) _____

(3rd line) _____

Cost: \$100 per brick

(Please check one): Cash _____ Check _____ *

*Please make all checks payable to: **Lendonwood Gardens, Inc./Angel of Hope**

Return this form and payment to:

**Lendonwood Gardens
P.O. Box 450542
Grove, OK 74345**

If you have any questions, call Lendonwood Gardens at (918) 786-2938.

Also, see our web site at: www.lendonwood.com

Thank you for your support.