

**Angel of Hope Memorial Program**  
**MEMORIAL BRICK ORDER FORM**

*PLEASE PRINT*

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***

(1<sup>st</sup> line) \_\_\_\_\_

(2<sup>nd</sup> line) \_\_\_\_\_

(3<sup>rd</sup> line) \_\_\_\_\_

**Cost: \$100 per brick**

(Please check one): Cash \_\_\_\_\_ Check \_\_\_\_\_ \*

\*Please make **all checks payable to: Lendonwood Gardens AOH**

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](http://www.lendonwood.com)**

**Thank you for your support.**