

**PET MEMORIAL GARDEN
AT CHRIST CHURCH, SHARON**

APPLICATION

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

PET NAME (S) TO BE MEMORIALIZED:

ENGRAVING INFORMATION (PLEASE PRINT):

NAME (S) _____

DATE (S) _____

(Please Check One)

WITH ASHES _____ **ENGRAVING ONLY** _____

STONE SIZE:

_____ 12X12 @ \$125.00 (Includes Engraving)

_____ **ADDITIONAL DONATION FOR THE GARDEN'S PERPETUAL
CARE AND UPDATES**

**PLEASE RETURN THIS FORM WITH YOUR CHECK MADE PAYABLE TO
CHRIST CHURCH EPISCOPAL, P.O. BOX 1778, SHARON, CT 06069
PLEASE TELEPHONE BARBARA IVES, CHAIR, WITH ANY QUESTIONS
860-435-4676**