

9-11 MEMORIAL DONATIONS

Holy Rood Cemetery

PO Box 182

Westbury NY 11590-0182

(516) 334-7990

Granite Paving Stones for Walkway

Donation: \$500.00

Donor's Information:

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Print (all inscriptions to appear in capital letters)

(A total of 18 characters per line for line 2 and line 3)

Paver size is 8" x 8"

Line 1:	Choose one: <input type="checkbox"/> IN MEMORY OF (or) <input type="checkbox"/> GIFT OF
Line 2:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Line 3:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Sample Inscriptions:

<p>IN MEMORY OF JOHN J. CALHOUN MARY A. CALHOUN</p>

<p>IN MEMORY OF SUSAN CALHOUN BELOVED WIFE</p>
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<p>GIFT OF THE CALHOUN FAMILY</p>

Location of Paving Stone:

- See chart on back of this form and **circle general location** where you would like the stone to be placed. The cemetery will assign specific locations as close as possible to your request, depending on availability at the time the order is received.
- If a specific location is desired, please stop at the cemetery office to check availability.

Check here if you previously made a donation to the 9-11 Memorial Fund and indicate amount \$_____. You may deduct that amount from the \$500 total and mail the balance with this form.

Date: _____ **Donor's Signature:** _____

Make checks payable to: **CATHOLIC CEMETERIES**
Mail form and donation to address indicated above.

<i>OFFICE USE ONLY:</i>	
Date:	_____
Paver #:	_____
Donation:	Current \$ _____
	Previous \$ _____
	TOTAL \$ _____