

Memorial Order Form

Contact Name: _____
Address: _____
Phone: _____ (e-mail address): _____
In memory of:
1st line: _____
2nd line: _____
3rd line: _____

Engraving is limited to 24 characters per line including spaces. You may use up to three lines.
Please mail form along with your check made payable to Angel of Hope, 825 North Tower Road,
#25, Fergus Falls, MN 56537 **COST IS \$150 PER BLOCK**

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