

CALMAR RECOGNITION WALL PLAQUE REQUEST FORM

Name: _____

Address: _____

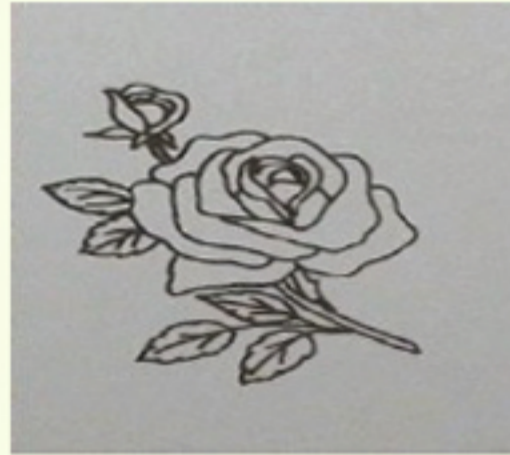
Phone No.: _____

Requested symbol: Please check one.

Dove: _____

Roses: _____

Wheat Sheath: _____



Blank/No Symbol: _____

Details of Requested Dedication: *Please note three lines, with a maximum of 20 characters per line, including spaces. All dedications will be approved by a Wall representative before being ordered*

Approved by: _____ Date: ___/___/___

Wall Representative

Paid: Cheque / Cash \$50.00

Plaque Number: _____

Received By: _____
Office Staff

Date: ___/___/___