Ch 3356 2.org 3577 3153

Web: trinitylonglake.org Phone: 952.473.8577 Fax: 952.473.8153

Check# _____ Date ____

Check # Date

_____ Original document for Church

Trinity Memorial Garden

MEMORIAL WALL INSCRIPTION AGREEMENT Purchaser/Grantee First Middle Last Date Address Phone City/State/Zip Designated Persons Inscriptions are limited to Eligible Persons, as defined in the Policies adopted by the Church. Grantee hereby purchases an Inscription on a Memorial Wall in the Trinity Memorial Garden for the person designated above for the sum of \$350.00, receipt of which is acknowledged. **Engraving fees are a separate cost.** Grantee acknowledges by his or her signature below that this Agreement is subject to the Policies and Procedures of the Garden, receipt of which is acknowledged. This agreement may be cancelled by Grantee upon delivery of written notice of cancellation to the Church within three business days from the date hereof. Upon such cancellation, the grantee may receive a full return of payment from the Church. This Agreement is executed by the Grantee on ______, and will become effective when accepted by the church. (Printed name) (Signature of Grantee) Accepted by the Church on _____

Payment Record:

Donation:

____ Original document for Grantee