

FIRST PRESBYTERIAN CHURCH OF PALO ALTO

MEMORIAL GARDEN

PRE-NEED APPLICATION

After my death, I would like to be memorialized in the First Presbyterian Church Memorial Garden by placement of my ashes in the Garden and/or placement of a plaque with my name on the Memorial Garden wall

First

Middle Name or Initial

Last

I would/would not like my ashes to be interred ___ scattered ___ in the Memorial Garden

I would like a plaque to be placed on the Memorial Garden Wall Yes___ No ___

I would like to contribute \$1,000 to the Memorial Garden Fund now Yes___ No ___

Your contribution now will allow you to select a specific location on the wall**

Location # _____. next to _____

I have received a copy of the POLICIES AND PROCEDURES for the First Presbyterian Church Memorial Garden, dated April 21, 2021. I have read them and will abide by all the provisions as set forth therein.

Signed _____

Date: _____

Give the original of this form to the Church Office and keep a copy with your will to inform your child/spouse/friend after your death.

Approved by Pastor, First Presbyterian Church

Date

Payment enclosed? Yes___ No___ Check # _____ Credit Card _____

Check should be made out to First Presbyterian Church of Palo Alto with notation "Memorial Garden Fund (your name)"

**If you do not make a contribution now, a space will be selected for you, adjacent to a family member if already on the wall, if not, in the next available location.