

**SCHEDULE A TO TOWN OF STONEWALL POLICY 9.1**

**Community Memory Garden**

**Memory Stone Purchase**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

**15 characters per line (including spaces)**

**maximum 4 lines**

**stone size 8" x 8"**

INSCRIPTION APPROVED BY:

Signature \_\_\_\_\_

(For approval of spelling, dates and design) ***Please check carefully.***

Sub Total \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

Payment Method: \_\_\_\_\_

Receipt No: \_\_\_\_\_