

Application for the Rev. Canon David P. Thomas Memorial Garden

I hereby request interment of my cremated remains in the Memorial Garden of The Episcopal Church of the Advent, Kennett Square, PA, and attach a donation of \$_____ (minimum of \$1,000 per person) plus the cost of the scroll at the time of interment in confirmation thereof.

Name: _____

Address: _____

Telephone Number: _____ Date of Birth: _____

Signed: _____

Date: _____

*(Please make checks payable to **Church of the Advent** with notation "**Memorial Garden**")*

I understand the specifics governing the Memorial Garden and have made them and my desires known to the person(s) named below who are responsible for carrying out my wishes:

Name: _____

Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Telephone Number: _____

Telephone Number: _____

Attorney (Optional): _____

Address: _____

Telephone Number: _____