

Family and Friends Wall

Yes, I want to be a part of ASHS with my tile!

I wish to purchase a tile. Enclosed is my full payment of _____ (Minimum \$100 per tile).

Sample Tile: 1) Parents of John Smith 2) The John Smith Family 3) Family of John Smith 4) John Smith

(Remember that periods and spaces between words are counted as characters.)

CHECK HERE IF YOU ARE PURCHASING A TILE FOR A DECEASED LOVED ONE. THE NAME ON THESE TILES WILL BE PREFACED WITH "IN MEMORY OF".

Name _____ E-Mail _____

Address _____

City, State, Zip _____

Home Phone _____ Business Phone _____

Credit/Debit Card Payments: VISA Master Card

Amt. Charged \$ _____ Account No. _____ Exp. Date _____

Signature _____ Date _____

Please make checks
payable to:
ASHS Capital Campaign

Questions Call: Development Office 347-9895